

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that		
	· ·	ii tialispo	· ·	, ,				Rate Per Mile		
Due Dates All Routes				ounty Supt ber 1		To OPI October 15		\$1.57		
County Name			County Number	District	Name			Legal Entity Number		
Gallatin			16	Manha	attan Publi	c Schools		0347 0348		
Route #	Length o	of Route (miles per day)		Type of Service ☐ Bus Route Milea			Rated Capacity		
3-ANCENY	77.4			Bus R	□ Non Bus Mileage Bus Route Mileage 72					
Vehicle I.D. #	l	ense #		•	Owned		Contractor (
7298	8440				ct - If so, Nan cted rate per	ne of Owner D	Oouma Trai	nsfer —		
Reimbursement Distribution- Er	nter the leg	gal entity				sement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity	Le	gal Entity		atch budget Legal E			Legal Entit	у		
0347 0348			48							
% 59.00		% 41.0	nn	(Grades 9-12) ELIGIBLE RI						
PASSENGER INFORMATION		70	00	70			70	•		
Number of Preschool/Kindergar	ten nunile		ELEMENTARY RIDE (Grades PK-8)	RS	HIG			TOTAL ELIGIBLE RIDERS		
Number of Preschool/Kindergarten pupils riding this route			(Grades 1 14-0)			(Oraco 5-12)	1	ELIGIBLE RIBERO		
						b		C .		
Regular (include eligible Preschool/k	Kindergarte	n	NUMBER			NUMBER		a + b		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
agreement) (Include ineligible Preschool/Kindero		s)								
Nonpublic School Riders (ineligible)	,									
TOTAL RIDERS										
We hereby certify that this bus wi	ill operate e	entirely on t	he route established by the	Board of Tru	stees and with	in the transportati	on area assign	ed and approved by the		
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	us and bus meets the r ensed, qual	route by the minimum si ified and a	ne State Superintendent; to tandards as established by pproved driver to operate s	make such re the Board of uch vehicle a	eports to the Si Public Educations required by 2	tate Superintende on, the Montana I	nt and County	Superintendent as are		
We also agree to refrain from soll We understand that violations of this bus route						nt cause for withho	olding of state a	nd county reimbursement for		
We agree that if this route crosse the school boards of both districts sh We understand route changes or	this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for the congretes on the route as an										
bus operates on the route as ap Signature - Chair, Board of Trustees		anu Will	iii uie uansportation se	ा गांटच वा देव व	ooigi ieu by tr	ie County ITans	Date Date	minutee.		
County This Application for Registration area assigned to it by the County	of Schoo	I Bus and								
Signature - Chair, County Transporta							Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	5110 101111 101 01	D. (D. M.)								
Due Dates	s:		To Co	ounty Supt		To OPI		Rate Per Mile		
All Routes	i		Octob	per 1		October 15		\$1.80		
County Name			County Number	District I	Name			Legal Entity Number		
Gallatin			16			olic Schools		0347 0348		
Route #	Length of	Route	(miles per day)	Type of		☐ Bus Route Mi		Rated Capacity		
1-MAUDLOW	62.4	4			oute Mile			84		
Vehicle I.D. #	Lice	nse #			 □ District Owned □ Contract - If so, Name of Owner □ Douma Transfer 					
6716 4598					ct - If so, Na cted rate pe		Jouma Trar	nster 		
Reimbursement Distribution- Er	nter the lega	al entity		of state/cou		ursement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity				Legal Er			Legal Entit	у		
0347		0	348							
% 59.00	Q	% 41	.00	%			%			
PASSENGER INFORMATION			51514514719179	D 0			5550	T0711		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	RS	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
						b NUMBER		с а + b		
Regular (include eligible Preschool/h	NUMBER			HOMBER		4 - 5				
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for rule bus operates on the route as ap										
Signature - Chair, Board of Trustees	3						Date			
This Application for Registration	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transport							Date			



This form is required in accorda						te one form for ea	ach bus route that		
receives state reimbursement e	ven thou	gn transpo	ontees of another legal e	ntity may ut	illize the services.		Rate Per Mile		
Due Dates All Routes				ounty Supt ber 1	t To OPI October 15		\$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Manha	attan Public Schools	;	0347 0348		
Route #	Length	of Route	(miles per day)	Type of	f Service □ Bus Route □ Non Bus M		Rated Capacity		
5-WOODEN SHOE	73.2			Bus R	Route Mileage	illeage	48		
Vehicle I.D. #	Li	cense #			Owned	Contractor C			
0636 A40					ct - If so, Name of Owner cted rate per mile	Douma Trar	ıster 		
Reimbursement Distribution- En	iter the le	egal entity				e paid to each dis	trict. Note: Percentages		
Legal Entity	Le	egal Entity	1	atch budget Legal E		Legal Entit	у		
0347			348						
% 59.00		% 41.	00	%		%			
PASSENGER INFORMATION	_						_		
Number of Preschool/Kindergar	ten pupil:	s	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
riding this route	<u> </u>				,				
			a NUMBER	b NUMBER			c a+b		
Regular (include eligible Preschool/Kindergarten riders)			NONBLIC		NOMBL	IX.	a i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		ers)							
Nonpublic School Riders (ineligible)	arton nao								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees						Date			
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	d State Reimbursement		accordance with Section accord				
Signature - Chair, County Transporta						Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tra	nsportees of another	nother legal entity may utilize the services.					Data Dan Mila		
Due Dates All Routes			To Cou Octobe	unty Supt er 1		o OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	r	District N	lame			Legal Entity Number		
Gallatin		16			ttan Public			0347 0348		
Route #	Length of Ro	oute (miles per day)		Type of S		Bus Route Mi		Rated Capacity		
4-LOGAN	40			Bus Ro	ute Mileag	Non Bus Mile je	age	71		
Vehicle I.D. #	Vehicle I.D. # License #				□ District Owned Contractor Owned					
5269 8441				 □ Contract - If so, Name of Owner Douma Transfer □ Contracted rate per mile 						
Reimbursement Distribution- Er	iter the legal e				nty reimburse	ement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity Legal Entity			nust mate	ch budget! Legal Ent	titv		Legal Entity	/		
0347		0348		- 3-	,		3			
% 59.00	%	41.00		%			%			
PASSENGER INFORMATION	70	41.00		70			70			
	Number of Preschool/Kindergarten pupils		Y RIDER PK-8)	S		I SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
						b NUMBER		c a + b		
Regular (include eligible Preschool/kriders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)	2nd Wheelchair (WC)									
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance									
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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Signature - Chair, Board of Trustees							Date			
County This Application for Registration area assigned to it by the County	of School Bu									
Signature - Chair, County Transportation Committee Date										



County Name County Name	receives state reimbursement e Due Date: All Routes	ven thoug s:		ortees of another legal To		ilize the sen			Rate Per Mile \$1.57
Gallatin 16 Manhattan Public Schools 0347 0348 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Possible Mileage Route Mileage	All Noutes				ober i		October 15	,	φ1.3 <i>1</i>
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity	County Name			County Number	District	Name			Legal Entity Number
2-CHURCHILL 88 Bus Route Mileage 72 Vehicle ID. # License # Contractor Owned 2384 6795	Gallatin			16	Manha	attan Pub	lic Schools		0347 0348
Contract of Position Contractor Contra		Length of	of Route	(miles per day)		Service	☐ Bus Route Mil		
Vehicle I.D. # Centractor Owned Contractor Owned Contractor Owned Contractor Owned Contractor Owned Contractor Owner Contractor Contractor Owner Contractor Contractor Contractor	2-CHURCHILL	88			Bus R				
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match budget with the paid to each district. Note: Percentages must match and the paid to each district. Note: Percentages must match and the paid to each district. Note: Percentages must match and the paid to each district. And the paid the paid to each district. And the paid the paid to each district. And the paid the paid the	Vehicle I.D. #	Lic	cense #		T '		•	Contractor C)wned
Reimbursement Distribution- Enter the legal entity number and percentage of state-focuntry reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0347 Legal Entity 0348 Legal Entity 0348 Legal Entity User and Service of the Service of Serv	2384	67	795					eo Robbins.	3
Legal Entity 0347 Legal Entity 0348 Legal Entity 0348 Legal Entity L				number and percented				aid to each dis	triot Noto: Porcontagos
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten Inding this route By Number of Preschool/Kindergarten Inding this route Indig this route Indig this route Indig this route Indig this route In	<u>_</u>			must n	natch budget	!	rsement to be po		
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades P-12) ELIGIBLE RIDERS (Grades PS-12) ELIGIBLE RIDERS (Inding this route Begular rinclude eligible Preschool/Kindergarten pupils (Grades PK-8) (Grades PS-12) ELIGIBLE RIDERS (Inding PS) (Inding P					Legal E	ntity		Legal Entity	<i>y</i>
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Regular (Include Preschool/Kindergarten pupils Pk-8) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (ine., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, 10-103, MCA. We agree to supervision of the socialing or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the destination, a consideration and provides a vehicle which and provides a vehicle with the state of the county superintendent scopy of this document. We understand that violations of the laws, rules or regulations governing school transportation will									
Number of Preschool/Kindergarten pupils Iding this route Regular rinclude eligible Preschool/Kindergarten ridders	% 59.00		% 41	.00	%			%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS iding this route a b NUMBER Number of Preschool/Kindergarten as a b Number of Preschool/Kindergarten (iders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ligible) Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the Courty Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 2-0-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; in make such reports to the State Superintendent and country Superintendent as are We agree to separate most include a supervision of the State Superintendent and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing ophers to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and country reimbursement for this bus or understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and country reimbursement for this bus or understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and country reimbursement for this bus one of the country superintendent's copy of this document. We understand that violations of the laws, rules or require the filing of an amended TR-1 form and approved of the County	PASSENGER INFORMATION								
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Regular (include eligible Preschool/Kindergarten iders) 1st Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Ineligible Public School Riders (i.e., under 3 miles OF norresident and no attendance agreement) Ineligible Public School Riders (i.e., under 3 miles OF norresident and no attendance agreement) Include ineligible Preschool/Kindergarten iders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and County Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation area. We also agree to refrain from soliciting or causing others to solicit students from one the transportation area. We agree to treat in form soliciting or causing others to solicit students from one other transportation area. We also agree to refrain from soliciting or causing others to solicit students from one other transportation area. We appear to treat in form soliciting or causing others to solicit students from one other transportation area. We appear to treat from soliciting or causing others to solicit students from one other transportation area. We appear to treat from soliciting or causing others to solicit students from one sufficient cause for withholding of state and county reinbursement for this bus route. We appear that if this route crosses district lines and transports students from outside the district, a c	riding this route								
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles of R nonresident and no attendance agreement). Ineligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent to make such reports to the Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; con pass of the Public Education, the Montana Highway Patrol and the State Superintendent is on a set such reports to the Superintendent and County Superintendent as required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; on only experintendent and county reimbursement for this bus route. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand that violations of t							-		-
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1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin Bozeman Public Schools 0350 0351 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 27 (A) 87 77 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 5882 7339 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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1 copy State Supt. 1 copy County Supt. 1 copy School District

PO Box 202501 Helena, MT 59620-2501

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin **Bozeman Public Schools** 0350 0351 Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 77 86 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 7311 5854 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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TR-1 (05/2003) 1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile October 15 \$1.57 Legal Entity Number 0350 0351 Rated Capacity □ Non Bus Mileage 77 Contractor Owned Legal Entity

Due Dates: To County Supt All Routes October 1 County Name County Number District Name Gallatin **Bozeman Public Schools** Length of Route (miles per day) Type of Service ☐ Bus Route Mileage Route # 35 (A) 86 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 5896 7342 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.										
Due Date		J	•	ounty Sup		OPI		Rate Per Mile		
All Routes			Octo			ctober 15		\$1.57		
County Name			County Number	District	Name			Legal Entity Number		
Gallatin			16	Bozer	nan Public S	Schools		0350 0351		
Route #	Length	of Route	(miles per day)	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			-	Rated Capacity		
79	98			Bus R	oute Mileag	77				
Vehicle I.D. #	Vehicle I.D. # License #			□ District	Owned	C	Contractor (
7341 5908					ct - If so, Name cted rate per m		Karst Stage	e, Inc		
Reimbursement Distribution- En	nter the le	egal entity		of state/co		ment to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity	L	egal Entity	/	Legal E			Legal Enti	ty		
0350 03		351								
% 60.00		% 40.	.00	%			%			
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	ПСП	SCHOOL RII	DERS	TOTAL		
Number of Preschool/Kindergal riding this route	rten pupil	ls	(Grades PK-8)	NO		(Grades 9-12)		ELIGIBLE RIDERS		
numg uno route	aing this route					b		С		
Regular (include eligible Preschool/	Regular (include eligible Preschool/Kindergarten					NUMBER		a + b		
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)										
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		ers)								
TOTAL RIDERS										
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I certify that this application for bus operates on the route as ap	oproved b									
Signature - Chair, Board of Trustees							Date			
County This Application for Registration area assigned to it by the Coun	n of Scho	ool Bus and								
Signature - Chair, County Transport							Date	_		



This form is required in accorda receives state reimbursement e						olete one form for e	ach bus route that	
		insportees or an	-				Rate Per Mile	
Due Date All Routes			To Cou Octobe	unty Supt er 1	To OPI October	15	\$1.57	
County Name		County N	umber	District	Name		Legal Entity Number	
Gallatin		16		Bozen	nan Public School	s	0350 0351	
Route #	Length of Ro	oute (miles per d	lay)		Service Bus Rou	ıte Mileage	Rated Capacity	
45	22			Bus R	☐ Non Bus oute Mileage	Mileage	77	
Vehicle I.D. #	License	e #		☐ District		Contractor (
7315				ct - If so, Name of Owr	ner Karst Stage	e, Inc		
Reimbursement Distribution- Er	nter the legal e	ntity number an		of state/co	unty reimbursement to	be paid to each di	strict. Note: Percentages	
Legal Entity 0350	Entity	must mat	Legal Er		ty			
% 100.00			%		%			
PASSENGER INFORMATION	ı		NTARY RIDER	ic 1	HIGH SCHO	OL DIDEBS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		ades PK-8)	.5	(Grades		ELIGIBLE RIDERS	
		N	a IUMBER		b NUMI		c a + b	
Regular (include eligible Preschool/liriders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees	•					Date		
County This Application for Registration area assigned to it by the County	of School Bu	s and State Reir			accordance with Sec viewed and I certify th			
Signature - Chair, County Transport						Date		



1 copy State Supt. 1 copy County Supt. 1 copy School District

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Due Dates	s:		To Co	ounty Supt		To OPI		Rate Per Mile			
All Routes	i		Octol	ber 1		October 15		\$1.57			
County Name			County Number	District N	Name			Legal Entity Number			
Gallatin			16	Bozem	nan Public	c Schools		0350 0351			
Route #	Length o	of Route	(miles per day)	Type of		Bus Route Mile		Rated Capacity			
33	106	106			oute Mile	□ Non Bus Milea age	ige	77			
Vehicle I.D. #	Lice	ense #		□ District			ontractor C				
7332 904C					t - If so, Na ted rate pe	me of Owner K r mile	Carst Stage, Inc				
Reimbursement Distribution- Er	nter the leg	gal entity		of state/cou		rsement to be pa	id to each dis	trict. Note: Percentages			
Legal Entity Legal Entity			у	Legal Entity Legal Er				1			
0350			351								
% 60.00		% 40	.00	%							
PASSENGER INFORMATION			ELEMENTA DV DIDE	DO.	1.11.6	NI COLLOCI DI	NEDO.	TOTAL			
Number of Preschool/Kindergarten pupils			ELEMENTARY RIDE (Grades PK-8)	KS	ніс	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS			
riding this route											
						b NUMBER		c a + b			
Regular (include eligible Preschool/hriders)	n	NUMBER									
1st Wheelchair (WC)											
2nd Wheelchair (WC)	2nd Wheelchair (WC)										
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service										
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend											
agreement) (Include ineligible Preschool/Kinderg		.)									
Nonpublic School Riders (ineligible)	garten nuers	>)									
TOTAL RIDERS											
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required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	ensed, quali	ified and	approved driver to operate so	uch vehicle as	required by		lighway Patrol a	and the State			
We understand that violations of this bus route.						nt cause for withho	olding of state ar	d county reimbursement for			
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We understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transpo	rtation Committee in			
I certify that this application for rous operates on the route as ap											
Signature - Chair, Board of Trustees					<u> </u>		Date				
0	Fuena	otio C	ammittae Armonal	amulue al lar -		with Continu	0.40.420.820	Α			
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.											
Signature - Chair, County Transporta							Date				



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin **Bozeman Public Schools** 0350 0351 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 77 11 101 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 5904 7307 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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	-	anspi	•	, ,			Rate Per Mile		
Due Date All Routes			To Co Octob	er 1	t To OPI October 15	:	\$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Bozer	man Public Schools		0350 0351		
Route #	Length of F	Route	(miles per day)		f Service Bus Route M		Rated Capacity		
75	101			Bus R	□ Non Bus Mile Route Mileage	eage	77		
Vehicle I.D. #	Licens	se #		•	•	Contractor C			
7344 5906					ct - If so, Name of Owner cted rate per mile	Karst Stage	, Inc 		
Reimbursement Distribution- Er	nter the legal	entity				aid to each dis	trict. Note: Percentages		
Legal Entity 0350	Legal	Entity 03		Legal E		Legal Entity	у		
% 60.00 %			.00	%		%			
PASSENGER INFORMATION		l	ELEMENTARY RIDER	RS	HIGH SCHOOL R	IDERS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS		
					b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
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Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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I certify that this application for bus operates on the route as ap	proved by ar					nsportation Cor			
Signature - Chair, Board of Trustees	3					Date			
County This Application for Registration area assigned to it by the County	of School B	us and	d State Reimbursement h		accordance with Section eviewed and I certify that thi				
Signature - Chair, County Transport	ation Committe	е				Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

r copy School Distri

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Due Date	_		•	ounty Sup		To OPI		Rate Per Mile		
All Routes	3		Octo			October 15		\$1.57		
County Name			County Number	District	Name			Legal Entity Number		
Gallatin			16	Bozer	nan Public	Schools		0350 0351		
Route #	Length o	of Route	(miles per day)	Type of Service ☐ Bus Route M			-	Rated Capacity		
47	186			Bus R	oute Milea	Non Bus Milea nge	age	77		
Vehicle I.D. # License #					Owned		Contractor			
7309 5891						me of Owner 🗜 mile	Karst Stage	e, Inc 		
Reimbursement Distribution- Er	nter the leg	gal entity				sement to be pa	aid to each di	strict. Note: Percentages		
Legal Entity	Leg	gal Entity	1	of state/county reimbursement to be paid to each district. Note: Percent to budget! Legal Entity Legal Entity M HIGH SCHOOL RIDERS TOTAL				ty		
0350	0350		351							
% 60.00		% 40.	00	%						
PASSENGER INFORMATION			ELEMENTARY RIDE	DQ	ППС		DEDS	TOTAL		
Number of Preschool/Kindergal riding this route	rten pupils		(Grades PK-8)	NO	Tille			ELIGIBLE RIDERS		
Regular (include eligible Preschool/Kindergarten riders)			NUMBER			-				
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		3)								
TOTAL RIDERS										
We have be and of the filler by	20	- Carl and	O	D (T.		2. 0 (
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I certify that this application for bus operates on the route as ap	proved by									
Signature - Chair, Board of Trustees							Date			
County This Application for Registration area assigned to it by the Coun	n of School	l Bus and								
Signature - Chair, County Transport							Date	_		



1 copy State Supt. 1 copy County Supt. 1 copy School District

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Due Dates	s:		То	County Sup	ot	To OPI		Rate Per Mile		
All Routes	•		Oc	tober 1		October 15	;	\$1.57		
County Name			County Number	Distric	t Name			Legal Entity Number		
Gallatin			16	Boze	man Publ	lic Schools		0350 0351		
Route #	Length	h of Rout	e (miles per day)	Туре	of Service	☐ Bus Route Mil		Rated Capacity		
43	40			Bus I	☐ Non Bus Milea Bus Route Mileage			77		
Vehicle I.D. #	L	_icense #		□ Distric			Contractor C			
7335			act - If so, N acted rate p	lame of Owner K er mile	Karst Stage,	Inc —				
Reimbursement Distribution- Er	nter the I	legal enti		ge of state/c match budge		ursement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity	tity	Legal I	/							
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% 60.00		% 4	10.00	%			% RIDERS TOTAL			
PASSENGER INFORMATION			ELEMENTA DV DIE	NEDO.	1	IOLLOGIJOOL BU	DEDO	TOTAL		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RID (Grades PK-8)		"	(Grades 9-12)		ELIGIBLE RIDERS		
riding this route	ling this route							_		
						b NUMBER		c a+b		
Regular (include eligible Preschool/kriders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
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Nonpublic School Riders (ineligible)	janton na									
TOTAL RIDERS										
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Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qui	ualified and causing of	d approved driver to operate thers to solicit students from	such vehicle other transpo	as required b rtation areas.	y 20-10-103, MCA.				
We understand that violations of this bus route.				•			J	,		
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Signature - Chair, Board of Trustees	•	. ,					Date			
County	Frances	ortation (Committee Approvel as	required in	accordan	ca with Saction ?	00-10-132 M	Λ		
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Signature - Chair, County Transporta	ation Con	mmittee					Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin **Bozeman Public Schools** 0350 0351 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 77 13 36 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 7321 916C Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin **Bozeman Public Schools** 0350 0351 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 37 77 36 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 5892 7324 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	A. School dis	strict official must complete	one form for ea	ach bus route that		
	_					Rate Per Mile		
Due Dates All Routes			County Supt	t To OPI October 15		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Gallatin		16	Bozer	man Public Schools		0350 0351		
Route #	Length of R	oute (miles per day)	Type of	f Service Bus Route M		Rated Capacity		
Snoopy 5	35		Bus R	□ Non Bus Mile Route Mileage	eage	77		
Vehicle I.D. #	Licens	e #	□ District	t Owned	Contractor C			
7304	5856			,				
Reimbursement Distribution- Er	iter the legal		ge of state/co natch budget		oaid to each dis	trict. Note: Percentages		
Legal Entity	Legal	Entity	Legal E		Legal Entit	у		
0350								
% 100.00	%		%		%			
PASSENGER INFORMATION	, ,							
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route		(======================================		(3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	-,			
		a		b		С		
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderc								
Nonpublic School Riders (ineligible)	garteri riders)							
TOTAL RIDERS								
We hereby certify that this bus wi	Il operate entire	alv on the route established by the	he Board of Tru	ustees and within the transports	ation area assigne	ed and approved by the		
County Transportation Committee. \(Ve agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certi us and bus rou meets the mini	fy that this bus transports pupils te by the State Superintendent; mum standards as established b	eligible for sch to make such r by the Board of	nool transportation as defined be reports to the State Superintend Public Education, the Montana	y 20-10-101, MC/ lent and County S Highway Patrol a	A. Superintendent as are		
We also agree to refrain from sol We understand that violations of	iciting or causir	ng others to solicit students from	other transport	tation areas.		nd county reimbursement for		
this bus route. We agree that if this route crosse					veen Boards, 20-	10-126(2) MCA, signed by		
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.					e County Transpo	ortation Committee in		
I certify that this application for rouse operates on the route as ap								
Signature - Chair, Board of Trustees				gou of the county Hai	Date			
This Application for Registration area assigned to it by the Count	of School Bu							
Signature - Chair, County Transporta					Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e		,			•				
Due Dates	s:		To Co	ounty Supt	То ОРІ		Rate Per Mile		
All Routes	i		Octob	er 1	October 15	;	\$1.57		
County Name			County Number	District Name	е		Legal Entity Number		
Gallatin			16		Public Schools		0350 0351		
Route #	Length	of Route	(miles per day)	Type of Serv	ice Bus Route Mi		Rated Capacity		
Bugs 31	37			Bus Route	□ Non Bus Mile e Mileage	age	77		
Vehicle I.D. #	L	icense #		□ District Own	ed (Contractor C			
7322	5	5897		Karst Stage,	Inc —				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!									
Legal Entity	L	_egal Entit		Legal Entity		Legal Entity	y		
0350									
% 100.00		%		%		%			
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	LIIOLI OOLIOOL D	IDEDO	TOTAL		
Number of Preschool/Kindergar	ten pupi	ils	ELEMENTARY RIDER (Grades PK-8)	3	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route									
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/kriders)	Regular (include eligible Preschool/Kindergarten			Nomber			u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		ers)							
Nonpublic School Riders (ineligible)	garteri riac	(13)							
TOTAL RIDERS									
We hereby certify that this bus wi	ill operate	ontirely on	the route established by the	Poard of Trustops	and within the transports	tion area assigne	d and approved by the		
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We furthe us and bu	er certify that us route by t	t this bus transports pupils eli the State Superintendent; to i	igible for school tra make such reports	ansportation as defined by to the State Superintend	y 20-10-101, MCA ent and County S	A. Superintendent as are		
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	iciting or o	causing other	ers to solicit students from oth	her transportation	areas.		nd county reimbursement for		
this bus route. We agree that if this route crosse		· ·		·		· ·	,		
the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	nall be att	tached to the	e county superintendent's cop	by of this documer	nt.	ŕ	, , ,		
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		-	·		,	Date			
County 1	Transpo	rtation Co	ommittee Approval as re	equired in acco	rdance with Section	 20-10-132, MC	A .		
This Application for Registration area assigned to it by the Count	of School ty Trans	ool Bus and portation C	d State Reimbursement h						
Signature - Chair, County Transporta	ation Con	nmittee				Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin **Bozeman Public Schools** 0350 0351 Length of Route (miles per day) Type of Service □ Bus Route Mileage Route # Rated Capacity □ Non Bus Mileage 77 31 43 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 5884 7326 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351 % 60.00 % 40.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the

bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Date

Signature - Chair, County Transportation Committee



This form is required in accorda	nce with T	Fitle 20, C	Chapter 10, Part 1, MCA	A. School dis	strict official must complet	te one form for ea	ach bus route that		
receives state reimbursement e	ven thoug	n transpo	ortees of another legal (entity may ut	liize the services.		Rate Per Mile		
Due Dates All Routes				County Supt ober 1	t To OPI October 15		\$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Bozer	nan Public Schools		0350 0351		
Route #	Length o	of Route ((miles per day)	Type of Service ☐ Bus Route Mileag ☐ Non Bus Mileage			Rated Capacity		
69	9 42			Bus R	Route Mileage	77			
Vehicle I.D. # License #					Owned	Contractor C			
7312	59	003			ct - If so, Name of Owner cted rate per mile	Karst Stage	, INC 		
Reimbursement Distribution- En	iter the leg	gal entity		ge of state/co		paid to each dis	trict. Note: Percentages		
Legal Entity	Le	gal Entity	1	Legal E		Legal Entit	у		
0350		03	351						
% 60.00		% 40.	00	%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergar	ten pupils	i	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
riding this route									
			a NUMBER		b NUMBEI	₹	c a+b		
Regular (include eligible Preschool/kriders)	Kindergarte	n	NOMBER		TVOIVIBLE	<u>, </u>	4 1 5		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		9)							
Nonpublic School Riders (ineligible)	jartori naore	<i>5)</i>							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
County 1	[ransport	ation Co	mmittee Approval as	required in	accordance with Sectio	n 20-10-132. MC	:A.		
This Application for Registration area assigned to it by the Count	of Schoo	I Bus and	d State Reimbursement						
Signature - Chair, County Transporta	ation Comm	nittee				Date			



This form is required in accordareceives state reimbursement e									one form for e	each bus route that	
		agii iia	шэро	-						Rate Per Mile	
Due Dates All Routes					tobe	nty Supt r 1		To OPI October 15		\$1.57	
County Name				County Number		District	Name			Legal Entity Number	
Gallatin				16		Bozen	nan Pub	olic Schools		0350 0351	
Route #	Lengt	th of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mileage				Rated Capacity	
57	44					□ Non Bus Mileage Bus Route Mileage			age	77	
Vehicle I.D. #		License	e #		T	□ District Owned Contractor Owned					
7322	į	5897					ct - If so, N cted rate p	Name of Owner of our of the contract of the co	Karst Stage	e, Inc	
Reimbursement Distribution- Er	nter the	legal e	ntity			f state/co h budget		oursement to be p	aid to each di	strict. Note: Percentages	
Legal Entity		Legal E	•		nato	Legal E			Legal Enti	ty	
0350			03	51							
% 60.00		%	40.0	20		%			%		
PASSENGER INFORMATION		70	40.0)		70			70		
Number of Preschool/Kindergar	rten pup	oils		ELEMENTARY RID (Grades PK-8)		6	F	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
numg uno route	Inding this route			a			b b			C .	
Regular (include eligible Preschool/Kindergarten			NUMBER			NUMBER		a + b			
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	I Service										
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)											
agreement)		d = \									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		Jers)									
TOTAL RIDERS											
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				mmittee Approval as							
This Application for Registration area assigned to it by the Coun					t ha	s been re	viewed ar	nd I certify that this	s bus operates	s within the transportation	
Signature - Chair, County Transport									Date		



This form is required in accordance receives state reimburseme Due D All Ro	ent even thou		ortees of another le	egal entity	y may utili nty Supt	ize the servi			Rate Per Mile \$1.57	
County Name			County Number		District N	lame			Legal Entity Number	
Gallatin			16		Rozem	an Public	Schools		0350 0351	
Route #	Length	n of Route	(miles per day)		Type of S		Bus Route Mi	leage	Rated Capacity	
Tweety 11	28				Buc Bo		Non Bus Mile	age	77	
Vehicle I.D. #	License #			Bus Route Mileage □ District Owned C				Contractor Owned		
7307	5	5904			Contract		ne of Owner 🗜			
Reimbursement Distribution	- Enter the	legal entity			state/cou			aid to each di	strict. Note: Percentages	
Legal Entity		Legal Entity		ust matcr	n budget! Legal Ent	tity		Legal Enti	ty	
0350										
% 100.00		%			%			%		
PASSENGER INFORMATION	ON		EL EMENTA DV	DIDEDO		LIIO	L COLIOOL DI	DEDC	TOTAL	
Number of Preschool/Kinde riding this route	rgarten pup	ils	ELEMENTARY (Grades Ph			ПІС	H SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBEI	R			b NUMBER		c a + b	
Regular (include eligible Preschriders) 1st Wheelchair (WC)	nool/Kindergai	rten								
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Re	lated Service									
TOTAL ELIGIBLE RIDERS	}									
Ineligible Public School Riders miles OR nonresident and no a agreement) (Include ineligible Preschool/Kir Nonpublic School Riders (inelig	ttendance ndergarten rid	ers)								
TOTAL RIDERS										
We hereby certify that this by County Transportation Committ We agree to supervision of t required; to provide a vehicle w Superintendent; and to provide We also agree to refrain from We understand that violation this bus route. We agree that if this route or the school boards of both distric We understand route changlaccordance with 20-10-132, MC	ee. We further his bus and be hich meets the alicensed, quent soliciting or as of the laws, rosses district the shall be attended.	er certify that us route by the minimum sublified and a causing other rules or regulines and tratached to the	this bus transports pure the State Superintende standards as establish approved driver to opeers to solicit students fullations governing schansports students from a county superintende	upils eligible ent; to maned by the erate such from other hool transport outside tent's copy of	ole for schooke such rep Board of P vehicle as transportation with the district, sof this docu	ol transportation to the Strublic Education required by 2 tion areas. Ill be sufficient a copy of the ument.	on as defined by ate Superintende on, the Montana 0-10-103, MCA. t cause for withheagreement between	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20-	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
I certify that this application bus operates on the route a	for registrat s approved							sportation Co		
Signature - Chair, Board of Trus	stees							Date		
Cour This Application for Registra area assigned to it by the C	ation of Scho	ool Bus and								
Signature - Chair, County Trans								Date		



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that	
	-	анърс	•				Rate Per Mile	
Due Dates All Routes			To Co Octob	ounty Supt per 1	t To OPI October 15	:	\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Gallatin			16	Bozer	nan Public Schools		0350 0351	
Route #	Length of F	Route	(miles per day)		Service Bus Route Mi		Rated Capacity	
21	28			□ Non Bus Mileage Bus Route Mileage 77			77	
Vehicle I.D. #	Licens	se#		□ District Owned Contractor Owned				
7340	5879)			ct - If so, Name of Owner I cted rate per mile	Karst Stage	, Inc 	
Reimbursement Distribution- Er	nter the legal	entity				aid to each dis	trict. Note: Percentages	
Legal Entity	I egal	Entity		tch budget Legal E		Legal Entit	v	
0350	9		, 351	9	,			
% 60.00	%	40.	.00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDER	RS	HIGH SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kindergar	ten pupils		(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS	
riding this route								
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/h	Kindergarten		NOMBER		Nomber		u v	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
TOTAL REPLIE								
We hereby certify that this bus wi County Transportation Committee.	We further cert	ify that	this bus transports pupils el	gible for sch	nool transportation as defined by	/ 20-10-101, MC/	Α.	
We agree to supervision of this b required; to provide a vehicle which	meets the mini	mum s	tandards as established by t	he Board of	Public Education, the Montana			
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or causii	ng othe	ers to solicit students from otl	ner transport	tation areas.			
We understand that violations of this bus route.	the laws, rules	or reg	ulations governing school tra	nsportation	will be sufficient cause for withh	olding of state ar	nd county reimbursement for	
We agree that if this route crosse the school boards of both districts sh						een Boards, 20-	10-126(2) MCA, signed by	
We understand route changes of accordance with 20-10-132, MCA.						County Transpo	ortation Committee in	
I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees		****(!	are a arreportation out	2104 4	and dounty fruit	Date		
This Application for Registration area assigned to it by the County	of School B	us and	d State Reimbursement h		accordance with Section as eviewed and I certify that this			
Signature - Chair, County Transport						Date		



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
	_	anspi	•				Rate Per Mile		
Due Date All Routes			To Co Octob	ounty Supt per 1	t To OPI October 15	:	\$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Bozer	nan Public Schools		0350 0351		
Route #	Length of F	Route	(miles per day)		Service Bus Route Mi		Rated Capacity		
67	30				□ Non Bus Mileage Bus Route Mileage 77				
Vehicle I.D. #	Licens	se#		_	= a t t a t a t a t a t a t a t a t a t				
7300	5902) -			ct - If so, Name of Owner I	Karst Stage,	, Inc		
Reimbursement Distribution- Er	nter the legal	entity				aid to each dis	trict. Note: Percentages		
Legal Entity	Legal	Entity		tch budget Legal E		Legal Entity	v		
0350			351		•		,		
% 60.00 PASSENGER INFORMATION	%	40.	.00	%		%			
			ELEMENTARY RIDER	RS	HIGH SCHOOL R		TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS		
I want and route									
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e.,									
miles OR nonresident and no attendagreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)								
TOTAL RIDERS									
We hereby certify that this bus w County Transportation Committee.									
We agree to supervision of this be required; to provide a vehicle which	meets the mini	mum s	standards as established by t	he Board of	Public Education, the Montana				
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or causii	ng othe	ers to solicit students from otl	ner transport	tation areas.				
We understand that violations of this bus route.	the laws, rules	or reg	ulations governing school tra	nsportation	will be sufficient cause for withh	olding of state ar	nd county reimbursement for		
We agree that if this route crosse the school boards of both districts sl						een Boards, 20-1	10-126(2) MCA, signed by		
We understand route changes of accordance with 20-10-132, MCA.						County Transpo	ortation Committee in		
I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees			,			Date			
		_					-		
This Application for Registration area assigned to it by the Coun	of School B	us and	d State Reimbursement h		accordance with Section as eviewed and I certify that this				
Signature - Chair, County Transport						Date			



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 Legal Entity Number County Name County Number District Name Gallatin **Bozeman Public Schools** 0350 0351 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage Minnie 49 30 77 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 5893 7308 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0350 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even						one form for ea	ach bus route that		
Due Dates : All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Bozer	man Public Schools		0350 0351		
Route #	Length of	Route	(miles per day)	Type of	F Service ☐ Bus Route Mil ☐ Non Bus Milea	5 -	Rated Capacity		
				Bus F	toute Mileage	Ū	77		
Vehicle I.D. # License #				☐ District☐ Contra	: Owned C ct - If so, Name of Owner	Contractor (Carst Stage			
7325	587			□ Contra	cted rate per mile				
Reimbursement Distribution- Ent	er the lega	al entity		e of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity 0350	Leg	al Entity 03		Legal E		Legal Entit	у		
% 60.00	9	6 40.	.00	%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			а		b		С		
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	nce								
Nonpublic School Riders (ineligible)	arteri nacio)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	noveu by	and Will	iiii uic uansportation se	י יוטט מודמ מ	songrice by the county Hall	Date	minuco.		
		··				20.40.400.55			
This Application for Registration of area assigned to it by the County	of School	Bus and tation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	bus operates			
Signature - Chair, County Transportat	tion Commit	tee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: All Routes To County Supt October 1 To OPI October 15 \$1.57 County Name County Name District Name Legal Entity Number Bozeman Public Schools Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Vehicle I.D. # Vehicle I.D. # To OPI Strict Name Legal Entity Number District Name Legal Entity Number District Name Legal Entity Number Type of Service Bus Route Mileage Non Bus Mileage T7 Vehicle I.D. # District Owned Contractor Owned Contractor Owned Contract - If so, Name of Owner Karst Stage, Inc Contracted rate per mile	This form is required in accordance v receives state reimbursement even the
County Name County Number District Name Legal Entity Number Bozeman Public Schools O350 O351 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Type of Service Non Bus Mileage Topic Topic Contractor Owned Contract - If so, Name of Owner Karst Stage, Inc	
Gallatin Route # 16 Bozeman Public Schools Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Vehicle I.D. # License # District Owned Contractor Owned Contract - If so, Name of Owner Karst Stage, Inc	All Routes
Route # Length of Route (miles per day) 9 30 Type of Service Bus Route Mileage Non Bus Mileage Framework Bus Route Mileage 77 Vehicle I.D. # District Owned Contractor Owned Contract - If so, Name of Owner Karst Stage, Inc	County Name
9 30 Bus Route Mileage 77 Vehicle I.D. # License # District Owned Contractor Owned Table 1. D. # Contract - If so, Name of Owner Karst Stage, Inc	
9 Bus Route Mileage 77 Vehicle I.D.# District Owned Contractor Owned Table 130 Contract - If so, Name of Owner Karst Stage, Inc	Route # Len
☐ Contract - If so, Name of Owner Karst Stage, Inc	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!	Reimbursement Distribution- Enter th
Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity 0350 0351	
% 60.00 % 40.00 %	_
PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL	PASSENGER INFORMATION
Number of Preschool/Kindergarten pupils riding this route (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS	
a b c NUMBER NUMBER a+b	
Regular (include eligible Preschool/Kindergarten riders)	
1st Wheelchair (WC)	
2nd Wheelchair (WC)	2nd Wheelchair (WC)
Additional Wheelchairs (WC)	Additional Wheelchairs (WC)
Non-WC IEP Lists Trans as Related Service	Non-WC IEP Lists Trans as Related Servi
TOTAL ELIGIBLE RIDERS	TOTAL ELIGIBLE RIDERS
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)	miles OR nonresident and no attendance
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)	
TOTAL RIDERS	TOTAL RIDERS
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.	
Signature - Chair, Board of Trustees Date	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	This Application for Registration of S
Signature - Chair, County Transportation Committee. Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						e one form for ea	ach bus route that	
Due Date : All Routes	s:	·	To (County Sup			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Gallatin			16	Bozei	man Public Schools		0350 0351	
Route #	Length o	of Route ((miles per day)	Type o	f Service ☐ Bus Route ☐ Non Bus Mi	3 -	Rated Capacity	
71	30			Bus F	Route Mileage	_	77	
Vehicle I.D. # 7336	Vehicle I.D. # License # 5874				t Owned act - If so, Name of Owner acted rate per mile	Contractor (Karst Stage		
Reimbursement Distribution- Er	nter the leg	gal entity		e of state/co	ounty reimbursement to be	paid to each dis	strict. Note: Percentages	
Legal Entity Legal 0350		gal Entity 03			ch budget! Legal Entity		Legal Entity	
% 60.00		% 40.	00	%		%		
PASSENGER INFORMATION		,,						
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
	a			b			С	
Regular (include eligible Preschool/Kindergarten			NUMBER	NUMBER			a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		s)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		and Will	iii die dansportation se	sivice area a	assigned by the County IT	Date Date	mmuee.	
	-	-41				- 00 40 400 555		
This Application for Registration area assigned to it by the Count	n of School ty Transpo	l Bus and ortation C	State Reimbursement		accordance with Section eviewed and I certify that t	his bus operates		
Signature - Chair, County Transport	ation Comm	nittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						e one form for e	ach bus route that		
Due Date : All Routes	s:	•	To (County Sup ober 1			Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16		man Public Schools		0350 0351		
Route #	Length o	of Route ((miles per day)	Type o	f Service ☐ Bus Route ☐ Non Bus M	5 -	Rated Capacity		
39				1	Route Mileage		77		
7323	Vehicle I.D. # License # 906C				t Owned act - If so, Name of Owner acted rate per mile	Contractor (Karst Stage			
Reimbursement Distribution- Er	nter the leg	gal entity		e of state/co	ounty reimbursement to be	paid to each dis	strict. Note: Percentages		
Legal Entity 0350					h budget! Legal Entity		Legal Entity		
% 60.00		% 40.	00	%		%			
PASSENGER INFORMATION	_			-					
Number of Preschool/Kindergar riding this route	ten pupils	;	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
	a				b		C		
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER	ζ	a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderd Nonpublic School Riders (ineligible)		s)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees		y and will	iii ale transportation se	civice area o	accignica by the County II	Date	minitios.		
On the same to the	Transma:	totion O	mmittae Annescel	Populus al I	accordance with Costi	n 20 40 420 E1	`^		
This Application for Registration area assigned to it by the Count	n of Schoo ty Transpo	l Bus and ortation C	State Reimbursement		accordance with Sectio eviewed and I certify that t	his bus operates			
Signature - Chair, County Transport	ation Comm	nittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e	nce with Tit	le 20, Ch	napter 10, Part 1, MCA.	School di	strict official m	nust complete o	one form for e	ach bus route that		
	-	tranopor	-					Rate Per Mile		
Due Date All Routes			Octo	ounty Supt ber 1		To OPI October 15		\$1.57		
County Name			County Number	District	Name			Legal Entity Number		
Gallatin			16	Bozer	nan Public	Schools		0350 0351		
Route #	Length of		niles per day)		Service	Bus Route Mil Non Bus Milea		Rated Capacity		
73	33			Bus R	loute Milea	age	77			
Vehicle I.D. #	Lice	nse#		□ District	District Owned Contractor Owned					
7329	905	C			ct - If so, Nan cted rate per	ne of Owner k	Karst Stage	, Inc		
Reimbursement Distribution- Er	nter the lega	l entity n		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity	Leg	al Entity		Legal E			Legal Enti	ty		
0351		035	00							
% 40.00	9	60.0	0	%			%			
PASSENGER INFORMATION										
Number of Preschool/Kindergar	rten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route			(= = = = = = = = = = = = = = = = = = =			(,			
			а			b		С		
Regular (include eligible Preschool/l	Kindergarten		NUMBER			NUMBER		a + b		
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)										
agreement) (Include ineligible Preschool/Kinder										
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus w	ill operate en	tirely on th	e route established by the	Board of Tru	stees and with	in the transportat	ion area assign	ed and approved by the		
County Transportation Committee. We agree to supervision of this b										
required; to provide a vehicle which Superintendent; and to provide a lice							Highway Patrol	and the State		
We also agree to refrain from sol We understand that violations of	liciting or caus	sing others	s to solicit students from o	ther transpor	tation areas.		olding of state a	nd county reimbursement for		
this bus route. We agree that if this route crosse				•			J	•		
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	hall be attach	ed to the c	county superintendent's co	py of this do	cument.	_				
I certify that this application for										
bus operates on the route as ap Signature - Chair, Board of Trustees		and Withir	n the transportation set	vice area a	issigned by th	ie County Tran	Sportation Col Date	mmittee.		
This Application for Registration	of School	Bus and S								
area assigned to it by the Coun Signature - Chair, County Transport	•		mmillee.				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,					plete o	ne form for e	ach bus route that	
Due Dates: All Routes					unty Supt To OPI er 1 October 15				Rate Per Mile \$1.57	
County Name			County Number		District I	Name			Legal Entity Number	
Gallatin			16			nan Public Schoo			0350 0351	
Route #	Length of	f Route ((miles per day)		Type of	Service ☐ Bus Ro ☐ Non Bu		- 5 -	Rated Capacity	
53	32				Bus R	oute Mileage		_	77	
Vehicle I.D. #	Lice	ense #			District		_	ontractor (
7318	589	95			□ Contract - If so, Name of Owner Karst Stage, Inc □ Contracted rate per mile					
Reimbursement Distribution- En	ter the leg	al entity			state/co		o be pa	id to each dis	strict. Note: Percentages	
Legal Entity 0350	Leg	gal Entity			Legal Entity Legal E				ty	
			,,,,,							
% 60.00		% 40.	00		%			%		
PASSENGER INFORMATION			ELEMENTARY RID	ERS		HIGH SCHO	OL RIE	ERS	TOTAL	
Number of Preschool/Kindergart riding this route	ten pupils		(Grades PK-8)			(Grade	ELIGIBLE RIDERS			
Inamig and roads			а			t			c	
Regular (include eligible Preschool/K	<u>'indorgarton</u>		NUMBER			NUM	-		a + b	
riders) 1st Wheelchair (WC)	andergarten	1								
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., u	ınder 3									
miles OR nonresident and no attenda agreement)										
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible))									
TOTAL RIDERS										
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which r	Ne further c us and bus r	ertify that route by t	this bus transports pupils he State Superintendent; t	eligible to mak	e for sch e such re	ool transportation as def eports to the State Supe	ined by intender	20-10-101, MC nt and County	A. Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from solic We understand that violations of t this bus route.	citing or cau	using othe	ers to solicit students from	other t	transport	ation areas.		lding of state a	nd county reimbursement for	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for re										
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date										
County T	'ranenerte	ation Co	mmittee Annrevel co	rocu	irod in	accordance with Co	ction 2	N_40.422 N#4	<u> </u>	
This Application for Registration area assigned to it by the County	of School y Transpo	Bus and rtation C						bus operates		
Signature - Chair, County Transporta	ation Commi	ittee						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								omplete o	one form for e	ach bus route that
Due Date : All Routes	To		nty Sup	To OF	PI per 15		Rate Per Mile \$1.57			
County Name				County Number		District	Name			Legal Entity Number
Gallatin				16			nan Public Sch			0350 0351
Route #	Leng	th of Ro	oute (r	niles per day)		Type of	Service Bus Non	Route Mil Bus Milea	-	Rated Capacity
15	74				_		oute Mileage	•	77	
7327	Vehicle I.D. # License # 915C						Owned ct - If so, Name of octed rate per mile _		Contractor (Carst Stage	
Reimbursement Distribution- Er	nter the	e legal e	ntity n			f state/co		nt to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0350		Legal E	Entity 035		nate	Legal E			Legal Enti	ty
% 60.00		%	40.0	0		%			%	
PASSENGER INFORMATION				EL EMENTA DV DID			111011001	LICOL DI	2500	TOTAL
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RID (Grades PK-8)	EK	0	HIGH SCI (Gra	nool Rii ades 9-12)		ELIGIBLE RIDERS
				a NUMBER			b NUMBER			c a+b
Regular (include eligible Preschool/Kindergarten riders)								<u> </u>		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)								
TOTAL RIDERS										
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County This Application for Registration				nmittee Approval as State Reimbursemen						
area assigned to it by the Count	ty Tran	sportati	ion Co		ıııd	3 NGC [6	vieweu anu i certii	y u at u iiS		within the transportation
Signature - Chair, County Transport	auon CC	JIIIIIIITEE	;						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce w ven th	rith Title lough tra	20, C anspo	Chapter 10, Part 1, Nortees of another leg	MCA. S	School dis ty may ut	strict official mu	st complete o s.	ne form for e		
Due Dates All Routes		To Cou Octobe	nty Supt		OPI ctober 15		Rate Per Mile \$1.57				
County Name				County Number	District Name					Legal Entity Number	
Gallatin				16	Bozeman Public Schools					0350 0351	
Route #	Leng	gth of R	oute ((miles per day)		Type of	Service B	us Route Mile Ion Bus Milea	•	Rated Capacity	
55 (A)	75					Bus R	oute Mileage		ge	77	
Vehicle I.D. #		Licens	e #			District Owned Contractor Owned					
7343		5909				□ Contract - If so, Name of Owner Karst Stage, Inc □ Contracted rate per mile					
Reimbursement Distribution- En	nter the	e legal e	entity					ment to be pa	id to each dis	strict. Note: Percentages	
Legal Entity		Legal		1	ist matc	ch budget! Legal Entity Legal E				ty	
0350			03	351							
% 60.00		%	40.	00		%			%		
PASSENGER INFORMATION											
Number of Preschool/Kindergar riding this route	ten pu	ıpils		ELEMENTARY F (Grades PK		5		SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		F		а	3			b NUMBER		C	
Regular (include eligible Preschool/k	Kinderg	garten		NUMBER	Υ			NUMBER		a + b	
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related Service											
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)											
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
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I certify that this application for r bus operates on the route as ap	registr prove	ation of d by an	scho <u>d wit</u> h	ol bus and state reinin the transportation	mburse on servic	ment is t ce area a	rue and comple ssigned by the	te to the best County Trans	of my knowle sportation Co	edge and belief, and the mmittee.	
Signature - Chair, Board of Trustees								Date			
This Application for Registration area assigned to it by the Count	of Sc ty Trar	hool Bunsportat	s and ion C						bus operates		
Signature - Chair, County Transporta	ation C	ommittee	e						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

To County Supt All Routes To County Supt To OPI	This form is required in accordance receives state reimbursement even						e one form for e	ach bus route that		
Gallatin Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Type of Service Type of Service Bus Route Mileage Type of Service Type of Service Bus Route Mileage Type of Service Type of Service Bus Route Mileage Type of Service Type of Service Type of Service Bus Route Mileage Type of Service Type of Service		-	·							
Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service	County Name		County Number	Distric	t Name		Legal Entity Number			
Section Sect	Gallatin			16	Boze	man Public Schools				
Bus Route Mileage	Route #	Length of	Route ((miles per day)	Type o			Rated Capacity		
Reimbursement Distribution-Enter the legal entity number and percentage of statectounty reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0350 Legal Entity 0351 ELMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL 18 Wheelchair (WC) 27 Wheelchair (WC) 27 Wheelchair (WC) 28 Wheelchair (WC) 28 Wheelchair (WC) 28 Wheelchair (WC) 29 Wheelchair (WC) 29 Wheelchair (WC) 20 Wheelchair (WC) 21 Wheelchair (WC) 22 Wheelchair (WC) 24 Wheelchair (WC) 25 Wheelchair (WC) 26 Wheelchair (WC) 27 Wheelchair (WC) 27 Wheelchair (WC) 28 Wheelchair (WC) 29 Wheelchair (WC) 20 Wheelchair (WC) 21 Wheelchair (WC) 22 Wheelchair (WC) 24 Wheelchair (WC) 25 Wheelchair (WC) 26 Wheelchair (WC) 27 Wheelchair (WC) 27 Wheelchair (WC) 28 Wheelchair (WC) 29 Wheelchair (WC) 20 Wheelch		64			Bus I		leage	77		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0350 % 60.00 % 40.00 % 40.00 % 9% PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) NUMBER NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten inders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no altendance (Include ineligible Preschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no altendance (Include ineligible Preschool/Kindergarten inders) TOTAL ELIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus due bus route by the State Superintendent and County Superintendent as are required; to provide a verticle which meets the minimum standards as established by the Board of Public Education, the Montains Highway Patrol and the State Superintendent and County Superintendent as are required; to provide a verticle or feriant from soliding or causing others to solid students from other framportation and provided the State Superintendent and county reimbursement for this bus route. We also spece to refraint from soliding or causing others to solid students from other framportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree to supervision of this bus district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-128(2) MCA, signed by the school bus and state reimbursement	Vehicle I.D. #	Lice	nse#							
Legal Entity 0350 Legal Entity 0351 % 60.00 % 40.00 % 5% MIGH SCHOOL RIDERS (Grades 9-12) ELICIBLE RIDERS (Grades 9-12) ELICIBLE RIDERS (Grades 9-12) ELICIBLE RIDERS (Grades 9-12) Regular (include eligible Preschool/Kindergarten niders) NUMBER NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten niders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS TOTAL ELIGIBLE RIDERS Regular (include ineligible Preschool/Kindergarten niders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Regular (include ineligible Preschool/Kindergarten niders) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS TOTAL ELIGIBLE RIDERS Regular (include ineligible Preschool/Kindergarten niders) Non-yubic School Riders (i.e., under 3) Non-yubic School Riders (i.e., under 4) We agree to supervision of this bus will operate entirely on the route established by the Board of Trustees and within the transportation are assigned and approved by the County Transportation Committee. We further certify that this bus transportation are assigned and approved by the County Transportation Committee in the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as a setablished by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as a setablished by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as a setablished by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; control to the agreement between Boards, 20-10-128(2) MCA, signed by the scho					□ Contr	acted rate per mile		·		
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Number of Preschool/Kindergarten pupils riding this route	PASSENGER INFORMATION	_								
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County Transportation Committee Approval as required in accordance with Section 20.40.422 MCA	County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation	This Application for Registration of	of School I	Bus and	d State Reimbursement						
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date				ommittee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						mplete one form fo	r each bus route that			
Due Dates All Routes	5:	·		County Sup ober 1	ot To OPI Octobe		Rate Per Mile \$1.57			
County Name			County Number	Distric	Name		Legal Entity Number			
Gallatin			16		man Public Scho		0350 0351			
Route #	Length of	Route	(miles per day)	Type o		oute Mileage us Mileage	Rated Capacity			
77	64			Bus F	Route Mileage		77			
Vehicle I.D. #		nse#		□ Distric	t Owned act - If so, Name of O	Contracto				
7313	590			□ Contra	acted rate per mile					
Reimbursement Distribution- En	ter the lega	l entity		e of state/c		to be paid to each	district. Note: Percentages			
Legal Entity 0350	Lega	al Entity 03		Legal I		Legal E	intity			
% 60.00	9/	6 40.	00	%		%				
PASSENGER INFORMATION										
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS			
			а		NUU	b	C			
Regular (include eligible Preschool/K riders)	(indergarten		NUMBER		NO	MBER	a + b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance									
TOTAL RIDERS										
County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of t this bus route. We agree that if this route crosses the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.	We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
I certify that this application for rebus operates on the route as ap										
Signature - Chair, Board of Trustees		-	•		,	Date				
County T This Application for Registration area assigned to it by the Count	of School E	Bus and								
Signature - Chair, County Transporta						Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that		
Due Dates All Routes	::			County Sup	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16		man Public Schools		0350 0351		
Route #	Length of	Route	(miles per day)	Type o	f Service ☐ Bus Route M ☐ Non Bus Mile	-	Rated Capacity		
41	64	4		1 .	Route Mileage		77		
Vehicle I.D. # 7333	Licer 588				t Owned act - If so, Name of Owner acted rate per mile	Contractor C Karst Stage			
Reimbursement Distribution- En	ter the lega	entity		e of state/co	ounty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity	Lega	al Entity	У	natch budge Legal E		Legal Entit	у		
0350		03	351						
% 60.00	%	40.	.00	%		%			
PASSENGER INFORMATION	_			-					
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			а		р		C		
Regular (include eligible Preschool/K	(indergarten		NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
TOTAL RIBERO									
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I certify that this application for rebus operates on the route as ap									
Signature - Chair, Board of Trustees						Date			
County T This Application for Registration area assigned to it by the County	of School E	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that thi				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that		
Due Dates All Routes	:			County Sup	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin 16					man Public Schools		0350 0351		
Route #	Length of F	Route ((miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity		
3	77	41		1 .	Route Mileage		77		
Vehicle I.D. #	9210				ct - If so, Name of Owner	Contractor C Karst Stage			
Reimbursement Distribution- Ent				e of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity	Legal	Entity		natch budge Legal E		Legal Entit	y		
0350			351		·				
% 60.00	%	40.	00	%		%			
PASSENGER INFORMATION	_					-			
Number of Preschool/Kindergarteriding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/K riders)	indergarten		NOMBER		NOWBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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I certify that this application for rebus operates on the route as app									
Signature - Chair, Board of Trustees						Date			
County To This Application for Registration area assigned to it by the County	of School B	us and	d State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Date : All Routes	s:	g	To (County Sup ober 1			Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Boze	man Public Schools		0350 0351		
Route #	oute # Length of Route (miles per day)			Type o	of Service □ Bus Route M □ Non Bus Mile	3 -	Rated Capacity		
29	56			Bus Route Mileage 77					
Vehicle I.D. #		cense # 883			act - If so, Name of Owner acted rate per mile	Contractor C Karst Stage			
Reimbursement Distribution- Er	nter the le	egal entity		e of state/co	ounty reimbursement to be	paid to each dis	trict. Note: Percentages		
Legal Entity 0350	Le	egal Entity 03			h budget! Legal Entity		Legal Entity		
% 60.00		% 40.	00	%		%			
PASSENGER INFORMATION	_			-		-			
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS		
			a		р		С		
Regular (include eligible Preschool/	Kindergarte	en	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)							
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved b								
orginature origin, board or musices						Date			
This Application for Registration area assigned to it by the Count	n of Schoo ty Transp	ol Bus and ortation C	State Reimbursement		accordance with Section eviewed and I certify that the				
Signature - Chair, County Transport	ation Com	mittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								one form for e	ach bus route that
Due Dates All Routes	s:	J	Т		inty Supt	т т	o OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name			Legal Entity Number
Gallatin			16	Bozeman Public Schools			Schools		0350 0351
Route #	Length of Route (miles per day)				Type of Service ☐ Bus Route Mi			U	Rated Capacity
49	60			□ Non Bus Mileage Bus Route Mileage 77					77
Vehicle I.D. #		icense ‡	#		District		C e of Owner k	Contractor (Carst Stage	
7308		5893			Contra	cted rate per r	nile		
Reimbursement Distribution- En	iter the I	legal ent			f state/co ch budget		ement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0350	L	Legal Er			Legal E			Legal Entit	ty
% 60.00		%	40.00		%			%	
PASSENGER INFORMATION			ELEMENTARY R	IDERS	S	HIGH	SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergard riding this route	ten pupi	ils	(Grades PK-	8)			(Grades 9-12)	ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Kindergar	rten							J. 1
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg	arten ride	ers)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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0-1-1-7	F.u	441	Committee Assessed				uidh Oa-di 1	0 40 400 511	<u> </u>
This Application for Registration area assigned to it by the Count	of School y Trans	ool Bus a portation						bus operates	
Signature - Chair, County Transporta	ation Con	nmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						e one form for e	ach bus route that		
Due Dates All Routes	:		To Cor Octobe	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number		District	Name		Legal Entity Number		
Gallatin		16			nan Public Schools		0350 0351		
Route #	Length of Ro	oute (miles per day)		Type of	Service Bus Route N Non Bus Mil	-	Rated Capacity		
7	61	- 4			oute Mileage	Ü	77		
Vehicle I.D. #	License 5857	e #	[Owned ct - If so, Name of Owner cted rate per mile	Contractor (Karst Stage			
Reimbursement Distribution- Ent	ter the legal e		entage o	of state/co	unty reimbursement to be	paid to each dis	strict. Note: Percentages		
Legal Entity	Legal I		nust mat	ch budget Legal E		Legal Entit	у		
0350		0351							
% 60.00	%	40.00		%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergarteriding this route	en pupils	ELEMENTAR) (Grades F		:S	HIGH SCHOOL I (Grades 9-1		TOTAL ELIGIBLE RIDERS		
		а			b		С		
Regular (include eligible Preschool/K	indergarten	NUMBE	EK		NUMBER	<u>(</u>	a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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County T	ransportatio	n Committee Approv	al as rec	auired in	accordance with Section	20-10-132. MC	<u>.</u>		
This Application for Registration area assigned to it by the County	of School Bu / Transportat	s and State Reimburse ion Committee.							
Signature - Chair, County Transporta	tion Committee	•				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile	r
All Routes October 1 October 15 \$1.57 County Name County Number District Name Legal Entity Number Gallatin 16 Bozeman Public Schools 0350 0351	r
Gallatin 16 Bozeman Public Schools 0350 0351	r
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity	
□ Non Bus Mileage 77	
Vehicle I.D. # License # □ District Owned Contractor Owned	
7328	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percenta must match budget!	ages
Legal Entity Legal Entity Legal Entity Legal Entity	1
0350 0351	
% 60.00	
PASSENGER INFORMATION	
Relementary RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDER	RS
riding this route	
a b c	
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten	
riders) 1st Wheelchair (WC)	
2nd Wheelchair (WC)	
Additional Wheelchairs (WC)	
Non-WC IEP Lists Trans as Related Service	
TOTAL ELIGIBLE RIDERS	
Ineligible Public School Riders (i.e., under 3	
miles OR nonresident and no attendance agreement)	
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)	
TOTAL RIDERS	
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are	
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.	
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursemen this bus route.	nt for
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.	by
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the	ihe
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date	—
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportal area assigned to it by the County Transportation Committee.	ation
Signature - Chair, County Transportation Committee Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with	Title 20, 0	Chapter 10, Part 1, MCA	. School di	strict official mu	ust complete o	one form for e	ach bus route that
		gir tranop		ounty Sup		o OPI		Rate Per Mile
Due Date All Routes				October 1 October				\$1.57
County Name			County Number	District	Name			Legal Entity Number
Gallatin			16	Bozer	nan Public S	Schools		0350 0351
Route #	Length of Route (miles per day)				Service 🗆 l	Bus Route Mil		Rated Capacity
25	47			Bus R	ı ت oute Mileag	Non Bus Milea I e	age	77
Vehicle I.D. #	Lie	cense #		□ District	Owned		Contractor (
7337	58	881			ct - If so, Name cted rate per n		Karst Stage	, Inc
Reimbursement Distribution- Er	nter the le	egal entity		of state/co		ement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity	У	Legal E			Legal Enti	ty
0350		03	351					
% 60.00		% 40.	.00	%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>		,			`	,	
			a			b		C .
Regular (include eligible Preschool/l	Kindergarte	en	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderd		ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate	entirely on	the route established by the	Board of Tru	I stees and within	the transportat	ion area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b	We further	r certify that	t this bus transports pupils e	ligible for sch	ool transportatio	n as defined by	[,] 20-10-101, MC	Α.
required; to provide a vehicle which Superintendent; and to provide a lice	meets the	minimum s	standards as established by	the Board of	Public Education	n, the Montana I		
We also agree to refrain from sol We understand that violations of	iciting or ca	ausing othe	ers to solicit students from o	ther transpor	tation areas.		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse		·		·			J	•
the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	nall be atta	ached to the	e county superintendent's co	py of this do	cument.	_		
I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		y and with	iiii the transportation se	ivice area a	ssigned by the	County Tran	Date Date	mmulee.
This Application for Registration area assigned to it by the Coun	of School	ol Bus and						
Signature - Chair, County Transport			John Million				Date	
							Ĩ	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					e one form for e	ach bus route that
						Rate Per Mile
Due Dates All Routes			ounty Supt ber 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Gallatin		16	16 Bozeman Public Schools			0350 0351
Route #				f Service □ Bus Route □ Non Bus Mi		Rated Capacity
61	48				leage	77
Vehicle I.D. #	License	#	□ District		Contractor (
7314	5899			act - If so, Name of Owner acted rate per mile	Karst Stage	, Inc
Reimbursement Distribution- Er	nter the legal en		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Enti	ty
0350		0351				
% 60.00	%	40.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b	_	С
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NUMBER	₹	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol	We further certify us and bus route meets the minimulensed, qualified a iciting or causing	that this bus transports pupils of by the State Superintendent; to im standards as established by and approved driver to operate so others to solicit students from c	eligible for schoon make such rother the Board of such vehicle abther transpor	nool transportation as defined reports to the State Superinter Public Education, the Montar as required by 20-10-103, MC tation areas.	by 20-10-101, MC ndent and County na Highway Patrol A.	A. Superintendent as are and the State
We understand that violations of this bus route.			•		· ·	•
We agree that if this route crosse the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.	nall be attached to	the county superintendent's co	opy of this do	cument.		
I certify that this application for						
bus operates on the route as ap Signature - Chair, Board of Trustees		within the transportation se	ivice area a	assigned by the County Tr	Date Date	mmulee.
County This Application for Registration area assigned to it by the County	of School Bus					
Signature - Chair, County Transport					Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							one form for ea	ach bus route that
receives state reimbursement e	ven though	transpo	ortees of another legal e	entity may	utilize the se	ervices.		Rate Per Mile
Due Date:			To C	ounty Su	ıpt	To OPI		
All Routes	3		Octo	ber 1		October 15		\$1.57
County Name			County Number	Distri	ct Name			Legal Entity Number
Gallatin 16			16	Boze	Bozeman Public Schools			0350 0351
Route #	Length of	Route	(miles per day)	Туре	of Service	□ Bus Route Mil	•	Rated Capacity
23	53			Bus	□ Non Bus Mile Bus Route Mileage			77
Vehicle I.D. #	Lice	nse #		T '	ict Owned		Contractor C	Dwned
7338	588	30			ract - If so, N racted rate p	lame of Owner h er mile	Karst Stage	, Inc
Reimbursement Distribution- Er	nter the lega	al entity				ursement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Lea	al Entity		atch budg	jet! Entity		Legal Entit	V
0350	9		, 351	2090.	,			,
% 60.00	Ç	% 40	.00	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	-DS	Т	IIGH SCHOOL RI	DEBS	TOTAL
Number of Preschool/Kindergar	ten pupils		(Grades PK-8)	_11.0	''	(Grades 9-12		ELIGIBLE RIDERS
riding this route								
			а			b		С
Regular (include eligible Preschool/l	Kindergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
	i dei vice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate en	tirely on	the route established by the	e Board of T	Trustees and w	vithin the transportat	ion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b								
required; to provide a vehicle which	meets the mi	inimum s	standards as established by	the Board	of Public Educ	ation, the Montana		
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or cau	sing othe	ers to solicit students from o	other transp	ortation areas.	•		
We understand that violations of this bus route.	the laws, rule	es or reg	ulations governing school to	ransportatio	on will be suffic	ient cause for withho	olding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sl						the agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
We understand route changes or						and approval of the	County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		anu Will	iiii the transportation se	i vice area	assigned by	rine County Tran	Date Date	mmuee.
County This Application for Registration			ommittee Approval as					
area assigned to it by the Coun	ty Transpor	tation C		וומט טכנוו	ievieweu all	u i ceilily that this	nus operates	within the transportation
Signature - Chair, County Transport	ation Commi	ttee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						one form for ea	ach bus route that			
Due Dates All Routes				county Suprober 1	t To OPI October 15		Rate Per Mile \$1.57			
County Name			County Number	District	Name		Legal Entity Number			
Gallatin			16		man Public Schools		0350 0351			
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity			
51	54			1	Route Mileage		77			
Vehicle I.D. #	589	nse#			ct - If so, Name of Owner	Contractor C	Owned			
Reimbursement Distribution- En			number and percentage		cted rate per mile	paid to each dis	trict. Note: Percentages			
Legal Entity		al Entity	must m	atch budget Legal E	!!	Legal Entit				
0350	Log		351	Logar	nucy	Logar Linux	y			
% 60.00	C	% 40.	00	%		%				
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS			
			a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/k	Kindergarten		NOMBLIX		NOMBER		a · b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arteri riders)	,								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in										
accordance with 20-10-132, MCA. I certify that this application for r bus operates on the route as ap	0				•	,	•			
Signature - Chair, Board of Trustees						Date				
County T This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that this					
Signature - Chair, County Transporta						Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in acc receives state reimburseme						one form for e	ach bus route that	
	Dates:	ir danope	To C	ounty Sup			Rate Per Mile \$1.15	
County Name			County Number	District	Name		Legal Entity Number	
Gallatin			16	Willow Creek Public Schls			0354 0355	
Route # Length of Route (miles per day)			(miles per day)		Service Bus Route M	•	Rated Capacity	
1	46			□ Non Bus Mileage Bus Route Mileage 53				
Vehicle I.D. #	Lic	ense #		□ District	: Owned ct - If so, Name of Owner	District Own	ied	
7387	69	7			cted rate per mile			
Reimbursement Distribution	n- Enter the leg	gal entity		e of state/co		oaid to each dis	strict. Note: Percentages	
Legal Entity 0354	Le	gal Entity 03		Legal E		Legal Entit	ty	
% 70.00 PASSENGER INFORMATI	ON	% 30.	00	%		%		
Number of Preschool/Kinderiding this route			ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-1:		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschriders)	nool/Kindergarte	n	NOWBER		NOWBER		a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Re	lated Service							
TOTAL ELIGIBLE RIDERS	3							
Ineligible Public School Riders miles OR nonresident and no a								
agreement) (Include ineligible Preschool/Kii Nonpublic School Riders (ineligible Preschool)		s)						
TOTAL RIDERS	Jibie)							
TOTAL RIDERS								
County Transportation Commit We agree to supervision of t required; to provide a vehicle w Superintendent; and to provide We also agree to refrain from We understand that violation this bus route. We agree that if this route of	tee. We further of this bus and bus which meets the r a licensed, quali m soliciting or ca his of the laws, ru	certify that route by the route	this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from of ulations governing school transports students from outs	eligible for school make such retailed the Board of such vehicle auther transportation dide the distriction with the distriction of the districtio	eports to the State Superintence Public Education, the Montana is required by 20-10-103, MCA tation areas. will be sufficient cause for with t, a copy of the agreement between the superior to the superior t	y 20-10-101, MC dent and County in Highway Patrol Holding of state a	A. Superintendent as are and the State nd county reimbursement for	
the school boards of both distriction We understand route chang accordance with 20-10-132, MG	es occurring dur	ched to the ring the sch	e county superintendent's co hool year require the filing o	opy of this do of an amende	cument. d TR-1 form and approval of the	e County Transpo	ortation Committee in	
I certify that this application bus operates on the route a	for registration				•	,	9	
Signature - Chair, Board of Tru		,			J	Date		
Cou	nty Transport	ation Co	ommittee Approval as i	required in	accordance with Section	20-10-132, MC	CA.	
This Application for Registrate area assigned to it by the C	ation of Schoo	I Bus and	d State Reimbursement					
Signature - Chair, County Trans						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							one form for e	ach bus route that	
receives state reimbursement e	ven mougn m	ansportees of anoth	_			rvices.		Rate Per Mile	
Due Date All Routes			To Cou Octobe	unty Supt er 1	t	To OPI October 15		\$1.57	
County Name		County Numb	ber	District	Name			Legal Entity Number	
Gallatin		16		Three	Forks Pu	ublic Schls		0360 0361	
Route #	Length of R	oute (miles per day))		Service	□ Bus Route Mil		Rated Capacity	
Clarkston	83			Bus R	oute Mile	□ Non Bus Milea	age	71	
Vehicle I.D. #	Licens	e #		District	Owned	D	istrict Owr	ned	
3320	867				ct - If so, N cted rate pe	ame of Owner er mile			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district.									
Legal Entity	Legal		must mate	Legal E			Legal Enti	ty	
0360	0361								
% 66.00	33.00		%			%			
PASSENGER INFORMATION	F1 F84F817A	DV DIDED	C		IOU COLLOOL DU	DEDE	TOTAL		
Number of Preschool/Kindergar riding this route	ELEMENTA (Grade	S PK-8)	5	HI	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
		a //BER		b NUMBER			c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							-	
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for the bus operates on the route as application.									
Signature - Chair, Board of Trustees		,				·	Date		
County This Application for Registration area assigned to it by the County	of School Bu								
Signature - Chair, County Transport							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 Legal Entity Number County Name County Number District Name Three Forks Public Schls Gallatin 0360 0361 16 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 59 Madison 93 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 7367 526 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0360 0361 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						e one form for e			
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16		Forks Public Schls		0360 0361		
Route #	Length of	Route	(miles per day)	Type of	f Service Bus Route Non Bus M	•	Rated Capacity		
Trident	87			Bus R	Route Mileage		71		
Vehicle I.D. # License # 3323 888				□ District	t Owned act - If so, Name of Owner	District Owr	ned		
3323				cted rate per mile					
Reimbursement Distribution- Er	nter the lega	I entity		e of state/co atch budget		paid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity 0360 0361				Legal E		Legal Enti	ty		
0360 0361			JO 1						
% 67.00	00	%		%					
PASSENGER INFORMATION		T	ELEMENTARY RIDE	EDC .	HIGH SCHOOL	DIDEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	_N3	(Grades 9-		ELIGIBLE RIDERS		
	a NUMBER		b NUMBER	₹	c a + b				
Regular (include eligible Preschool/hriders)	Kindergarten					<u>-</u>			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as application.	0				•	,	· · · · · · · · · · · · · · · · · · ·		
Signature - Chair, Board of Trustees		******	are a anoportulion of		assigned by the county II	Date			
County 1 This Application for Registration area assigned to it by the County	of School E	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that t				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan	nce with	Title 20	Chanter 10 Part 1 MCA	School	district officia	ıl must complete o	ne form for e	ach hus route that	
receives state reimbursement ev									
Due Dates	:		To C	ounty Su	pt	To OPI		Rate Per Mile	
All Routes				ber 1		October 15		\$1.36	
County Name			County Number	Distri	ct Name			Legal Entity Number	
Gallatin			16	Thre	e Forks P	ublic Schls		0360 0361	
Route #	Length	of Route	e (miles per day)	Туре		☐ Bus Route Mile	U	Rated Capacity	
Lane	87			Bus	Route Mile	□ Non Bus Milea eage	ge	60	
Vehicle I.D. # License #				□ Distri	ict Owned	D	istrict Own	ed	
0821 982					ract - If so, N racted rate p	lame of Owner er mile			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!									
Legal Entity	_egal Enti			et! Entity		Legal Entit	у		
			0361		·				
% 67.00	% 67.00 %			0/2	%				
PASSENGER INFORMATION	3.00	70			70				
Number of Preschool/Kindergarte	on nuni	ile	ELEMENTARY RIDE (Grades PK-8)	ERS	Н	IGH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
riding this route		115	(Glades FK-0)			(Grades 9-12)		LLIGIBLE RIDERS	
			a			b		С	
Regular (include eligible Preschool/Ki	NUMBER			NUMBER		a + b			
riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u									
agreement) (Include ineligible Preschool/Kinderga		>							
Nonpublic School Riders (ineligible)	arteri nut	EIS)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. W We agree to supervision of this bu	Ve furthe	er certify the	at this bus transports pupils	eligible for s	chool transpor	tation as defined by 2	20-10-101, MC	A.	
required; to provide a vehicle which n Superintendent; and to provide a lice	neets the	e minimum ıalified and	n standards as established by d approved driver to operate s	the Board such vehicle	of Public Educa as required by	ation, the Montana H y 20-10-103, MCA.			
We also agree to refrain from solic We understand that violations of the							lding of state a	nd county reimbursement for	
this bus route. We agree that if this route crosses	district	lines and t	transports students from outs	ide the distr	rict, a copy of tl	he agreement betwee	en Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts sha We understand route changes occ	all be att	ached to the	he county superintendent's c	opy of this o	locument.	· ·		, , , , ,	
	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app Signature - Chair, Board of Trustees	oroved I	by and wi	ithin the transportation se	rvice area	assigned by	the County Trans	portation Cor Date	nmittee.	
J ,									
County To This Application for Registration			Committee Approval as						
area assigned to it by the County	/ Trans	portation		nas Deen	reviewed and	u i cerniy mat mis	ous operates	within the transportation	
Signature - Chair, County Transporta	tion Con	nmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e									
Due Dates All Routes			County Suprectober 1	To OPI October 15		Rate Per Mile \$1.57			
County Name		County Number	District	Name		Legal Entity Number			
Gallatin		16	Gallat	in Gateway Elem		0364			
Route #	Length of Ro	oute (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity			
1 South	58.2		Bus R	Coute Mileage	71				
Vehicle I.D. #	License	e #	□ District	: Owned Ct - If so, Name of Owner	District Own	ed			
4487	730			cted rate per mile					
Reimbursement Distribution- En	iter the legal e		age of state/co		aid to each dis	trict. Note: Percentages			
Legal Entity	Legal I		Legal E		Legal Entit	у			
0364				Legal Entity % IGH SCHOOL RIDERS (Grades 9-12) D NUMBER C a + b					
% 100.00	%		%		%				
PASSENGER INFORMATION		EL EMENTA DV D	IDEDO	LIIOU AQUAQU DI	DEDO	TOTAL			
Number of Preschool/Kindergar riding this route	ELEMENTARY RI (Grades PK-8				ELIGIBLE RIDERS				
	a NUMBER								
Regular (include eligible Preschool/k riders)	Kindergarten	NOWBER		NOMBER	a · b				
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees			COLVIOC GICA C	designed by the County Hall	Date				
This Application for Registration area assigned to it by the Count	of School Buty Transportati	s and State Reimburseme on Committee.		accordance with Section 2 eviewed and I certify that this	s bus operates				
Signature - Chair, County Transporta	ation Committee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e							acn bus route tnat Rate Per Mile	
Due Date All Routes			To County S October 1	upt	To OPI October 15		\$1.57	
County Name		County Number	Dist	rict Name			Legal Entity Number	
Gallatin		16	Ga	llatin Gatewa	av Elem		0364	
Route #	Length of Ro	ute (miles per day)		e of Service	□ Bus Route Mil		Rated Capacity	
2 North	35.8		Bus	Route Mile	□ Non Bus Milea eage	age	71	
Vehicle I.D. #	License	: #	□ Dis	trict Owned		District Own	ed	
9671	731			ntract - If so, Na ntracted rate pe				
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage must match budget!								
Legal Entity	Entity		al Entity		Legal Entity	У		
0364								
% 100.00		9/	, 0		%			
PASSENGER INFORMATION	%			·				
Number of Preschool/Kindergar riding this route	ELEMENTARY (Grades Ph		HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
					b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarten	NUMBEI	IX		NOMBLIX		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderd	ance							
Nonpublic School Riders (ineligible)	garteri fiders)							
TOTAL RIDERS								
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I certify that this application for the bus operates on the route as application for the second seco								
Signature - Chair, Board of Trustees								
County This Application for Registration		n Committee Approva s and State Reimburser						
area assigned to it by the County Signature - Chair, County Transport		on Committee.			-	Date	•	
Organization Origin, Country Transport	adon Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					•				
Due Dates All Routes				ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Gallatin			16	Ander	son Elementary		0366		
Route #	Lengtl	h of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity		
North	8.5			Bus R	77				
Vehicle I.D. # License #				□ District	Owned Council	District Own	ed		
9256 Temp					cted rate per mile				
Reimbursement Distribution- En	iter the	legal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity	у	Legal E		Legal Entit	у				
0366									
% 100.00 %				%		%			
PASSENGER INFORMATION			ELEMENTA DV DIDE		LHOU OOLOOL BI	DEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool/Kindergarten riders)					HOMBER		u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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I certify that this application for r	accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		., mil			g y a	Date			
County 1 This Application for Registration					accordance with Section 2				
area assigned to it by the Count	ty Trans	sportation C		5551110		·			
Signature - Chair, County Transporta	auon Cor	mmitee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.										
Due Dates All Routes	::			County tober 1		To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	D	District I	Name		Legal Entity Number		
Gallatin Route #	Length of	Route (16 (miles per day)			son Elementary Service Bus Route No. Bus Min		0366 Rated Capacity		
2 South	18.8			Е	Bus R	□ Non Bus Mi oute Mileage	eage	age 71		
Vehicle I.D. # License #						Owned ct - If so, Name of Owner	District Own	ed		
9325 798				□ (Contrac	cted rate per mile				
			must r	match b	budget!	!	Legal Entity W HIGH SCHOOL RIDERS (Grades 9-12) By Cand Control of the paid to each district. Note: Percentages Legal Entity W TOTAL ELIGIBLE RIDERS Cand Cand Cand Cand Cand Cand Cand Cand			
Legal Entity 0366	Legal Entity 0366 Legal Entity			Le	egal Er	ntity	Legal Entit	zy		
% 100.00	%	Ď			%		%			
PASSENGER INFORMATION	ELEMENTARY RID)EDC		HICH SCHOOL	DIDEDO	TOTAL				
Number of Preschool/Kindergarten pupils riding this route			(Grades PK-8)					_		
	a NUMB		a NUMBER							
Regular (include eligible Preschool/K riders)	indergarten									
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)									
TOTAL RIDERS										
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I certify that this application for rebus operates on the route as ap										
Signature - Chair, Board of Trustees							Date			
County T This Application for Registration area assigned to it by the Count	of School E	Bus and	d State Reimbursemen			accordance with Section viewed and I certify that the				
Signature - Chair, County Transporta							Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.										
Due Date All Routes					ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.57			
County Name			County	y Number	District	Name		Legal Entity Number			
Gallatin			16			ade Public Schools		0368 0369			
Route #	Leng	gth of Ro	ute (miles pe	er day)	Type of	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity			
4	93				Bus F	Route Mileage	ago	71			
Vehicle I.D. #		License	: #		☐ District	Owned [oct - If so, Name of Owner	District Own	ed			
8294 474					□ Contra	cted rate per mile					
Reimbursement Distribution- Er	nter the	e legal ei	ntity number		e of state/co		aid to each dis	trict. Note: Percentages			
Legal Entity Legal Entity 0369 0368					Legal E		Legal Entit	у			
0309											
% 18.00 % 8			82.00		%		%				
PASSENGER INFORMATION FLEM				MENTARY RIDE	DQ.	HIGH SCHOOL RI	DEDS	TOTAL			
Number of Preschool/Kindergar riding this route		(Grades PK-8)	INO	(Grades 9-12		ELIGIBLE RIDERS					
				a NUMBER		b NUMBER		c a+b			
Regular (include eligible Preschool/Kindergarten riders)						HOMBER		u · b			
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Servic	е									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance										
Nonpublic School Riders (ineligible)		14010)									
TOTAL RIDERS											
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Signature - Chair, Board of Trustees		-		•		•	Date				
County 3	France	nortatio	Committee	Annroval as ι	required in	accordance with Section 2	0.10.132 MC	Δ			
This Application for Registration area assigned to it by the Count	of Sc ty Trar	hool Bus	and State F	Reimbursement			bus operates				
Signature - Chair, County Transport	ation C	ommittee					Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								. 2000 200	•	
		ven thou				nay utili y Supt			one form for e	ach bus route that Rate Per Mile \$1.15
County Name				County Number	Di	istrict N	lame			Legal Entity Number
Gallatin				16	В	Belgrad	de Public	Schools		0368 0369
Route #		Length	of Route	(miles per day)			Service [Bus Route Mil		Rated Capacity
7		93			В	Bus Ro	ute Milea	∃ Non Bus Milea age	age	54
Vehicle I.D. # License #						District (Owned	D	istrict Owr	ied
8882 457			57				t - If so, Na ted rate pei	me of Owner mile		
Reimbursement D	istribution- En	nter the le	egal entity		tage of sta		nty reimbur	sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal I 0368			egal Entit 0			Legal Entity Legal En				ty
% 82.00 %			% 18	3.00		%			%	
PASSENGER INF										
Number of Presch riding this route	ool/Kindergar	ten pupil:	s	ELEMENTARY R (Grades PK-			HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
	a NUMBER						b NUMBER			c a + b
Regular (include elig	ible Preschool/k	Kindergarte	en	NOMBER		NONDER				u · p
1st Wheelchair (WC))									
2nd Wheelchair (WC	;)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Ti	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr	eschool/Kinderg	arten ride	ers)							
Nonpublic School Ri	ders (ineligible)									
TOTAL RIDERS										
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				ool bus and state reim thin the transportation						edge and belief, and the mmittee.
Signature - Chair, Bo				·			-	•	Date	
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	red in accordan	nce with Title	20, C	Chapter 10, Part 1, MCA	A. Sc	chool dis	strict official	must complete	one form for e	ach bus route that	
receives state rein		ŭ	anspo	ortees of another legal o	,	,				Rate Per Mile	
	Due Dates All Routes	:			ober	ty Supt		To OPI October 15		\$1.15	
County Name				County Number		District	Name			Legal Entity Number	
Gallatin				16		Belgra	de Public	Schools		0368 0369	
Route #		Length of R	oute ((miles per day)		Type of		☐ Bus Route Mi☐ Non Bus Mile		Rated Capacity	
15			Bus R	oute Mile		age	54				
Vehicle I.D. #		_		Owned	[ame of Owner	District Owr	ied				
0774				cted rate pe							
Reimbursement D	istribution- Ent	ter the legal	entity			state/co budget		rsement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity				1		Legal E			Legal Enti	ty	
			03	368							
% 18.00 % 82			82.	00		%			%		
PASSENGER INF					, •						
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDE (Grades PK-8)	ERS		HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
a						b				C .	
Regular (include elig	NUMBER				NUMBER		a + b				
riders) 1st Wheelchair (WC))										
2nd Wheelchair (WC	()										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists Ti	rans as Related S	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Schomiles OR nonresider											
agreement) (Include ineligible Pr											
Nonpublic School Ri											
TOTAL RIDERS											
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This Application for				mmittee Approval as						CA. s within the transportation	
area assigned to i	t by the County	/ Transporta	tion C					,	Date	.,	
orginature - Oriali, O	ounty mansporta	uon committe	-						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		22 21		0						
This form is required in accord receives state reimbursement						te one form for e	ach bus route that			
	· ·		· ·	, ,			Rate Per Mile			
Due Dat All Route				ounty Sup	t To OPI October 15		\$1.57			
7 III T COULC	,,,				Cotober 10		ψ1.01			
County Name		(County Number	District	Name		Legal Entity Number			
Gallatin			16	Belara	ade Public Schools		0368 0369			
Route #	Length of		niles per day)		Service Bus Route	Mileage	Rated Capacity			
4 D	103				□ Non Bus M	ileage	71			
4 B 103 License #				· ·	toute Mileage	District Own				
Vehicle I.D. #	13C #		☐ District ☐ Contra	: Owned ct - If so, Name of Owner	District Own	lea				
8294				cted rate per mile						
Reimbursement Distribution- E	Enter the lega	l entity nι				e paid to each dis	strict. Note: Percentages			
Legal Entity	Lena	al Entity	must m	atch budget Legal E		Legal Enti	rv .			
0368	Loge	036	9	Logai L	riuty	Logar Litti	·y			
% 82.00	%	18.00)	%		%				
PASSENGER INFORMATION	l									
Number of Preschool/Kinderga	arten nunils		ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS			
riding this route	(Grades Fix 6)		(Grades s	12)	LEIGIBLE RIBERO					
	a		b		C					
	NUMBER					R	a + b			
Regular (include eligible Preschoo riders)	l/Kindergarten									
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Relate	ed Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e	., under 3									
miles OR nonresident and no atter agreement)	ndance									
(Include ineligible Preschool/Kinde										
Nonpublic School Riders (ineligible	9)									
TOTAL RIDERS										
We hereby certify that this bus	will operate ent	rely on the	e route established by the	Board of Tri	ustees and within the transpo	rtation area assign	ed and approved by the			
County Transportation Committee	. We further ce	rtify that th	is bus transports pupils e	eligible for sch	nool transportation as defined	l by 20-10-101, MC	A.			
We agree to supervision of this required; to provide a vehicle whic										
Superintendent; and to provide a li We also agree to refrain from s						A.				
We understand that violations of						thholding of state a	nd county reimbursement for			
this bus route. We agree that if this route cross						etween Boards, 20-	10-126(2) MCA, signed by			
the school boards of both districts We understand route changes						the County Transp	ortation Committee in			
accordance with 20-10-132, MCA.										
	certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees Date										
					accordance with Section					
This Application for Registrationarea assigned to it by the Cou				nas been re	eviewed and I certify that	inis bus operates	within the transportation			
Signature - Chair, County Transpo						Date				
						•				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein		en though tra	anspo	ortees of another legal of	•	,				Rate Per Mile
	Due Dates: All Routes				ober	nty Supt	:	To OPI October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Gallatin				16		Belgra	ade Public	c Schools		0368 0369
Route #	L	Length of R	oute (miles per day)		Type of		□ Bus Route Mi□ Non Bus Mile	•	Rated Capacity
3			Bus R	oute Mile	age		71			
Vehicle I.D. #		_	District		[ame of Owner	District Owr	ned			
4667				cted rate pe						
Reimbursement D	istribution- Ente	er the legal	entity			state/co		irsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	1	latti	Legal E			Legal Enti	ty			
			03	869						
% 82.00 % 18				00		%			%	
PASSENGER INF							_			
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDE (Grades PK-8)	ERS	•	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
a						р				C .
Regular (include elig	NUMBER				NUMBER		a + b			
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	·)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Ti	rans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pro										
Nonpublic School Ric										
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
bus operates on the Signature - Chair, Bo		roved by an	d with	in the transportation se	ervic	e area a	ssigned by	the County Tran	sportation Co Date	mmittee.
This Application fo	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation									
area assigned to it	t by the County	Transportat	tion C					Sorary arac aris		
Signature - Chair, County Transportation Committee Date										



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accorda receives state reimbursement e Due Dates All Routes	ven th			ner legal ent	ity may utiliz unty Supt	e the service: To		ne iomi ioi e	Rate Per Mile \$1.57
County Name			County Numl	ber	District Na	me			Legal Entity Number
Gallatin			16		Belgrade	e Public So	chools		0368 0369
Route #	Leng	gth of Ro	oute (miles per day))	Type of Se	ervice 🗆 B	us Route Mile		Rated Capacity
13	37				Bus Rou	□ N ite Mileage	ge	71	
Vehicle I.D. #	1	License	e #		District O	wned	D	istrict Own	ed
3766		927				If so, Name d rate per mi			
Reimbursement Distribution- Er	nter the	e legal e	ntity number and p		of state/coun			id to each dis	strict. Note: Percentages
Legal Entity		Legal I	Entity	must mate	ch budget! Legal Entit	:y		Legal Entit	у
0369			0368			•			
% 18.00		%	82.00		%			%	
PASSENGER INFORMATION			E. E. E. E. I.				0011001 015		T0711
Number of Preschool/Kindergar riding this route	ten pu	ıpils		ARY RIDER es PK-8)	S		SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a MBER			b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderg	garten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	e							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	lance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date									
County This Application for Registration area assigned to it by the County	of Sc	hool Bu							
Signature - Chair, County Transports	ation C	ommittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accorda receives state reimbursement e Due Dates All Routes	ven the			legal enti	ty may utilize i inty Supt		e one ionii ioi e	Rate Per Mile
County Name			County Numbe	r	District Nam	е		Legal Entity Number
Gallatin			16		Belgrade	Public Schools		0368 0369
Route #	Leng	th of Rout	e (miles per day)		Type of Serv	rice □ Bus Route N		Rated Capacity
20	39				Bus Route	□ Non Bus Mi • Mileage	leage	71
Vehicle I.D. #		License #					District Own	ned
3764		6158				so, Name of Owner rate per mile		
Reimbursement Distribution- Er	iter the	e legal enti			f state/county		paid to each di	strict. Note: Percentages
Legal Entity		Legal Ent		must matc	h budget! Legal Entity		Legal Ent	ity
0368			0369		,			,
% 82.00		% 1	8.00		%		%	
PASSENGER INFORMATION		T T	E1 E1 E1 E1 E1 E	V DIDEE	2 1	111011 0011001	DIDEEC	TOTA:
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTAR (Grades		5	HIGH SCHOOL I (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMB	BER		b NUMBER	2	c a + b
Regular (include eligible Preschool/kriders)	Kinderg	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by cortation Committee in ledge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees	prove							
e.g.mairo enan, board or riustees	·						2410	
County This Application for Registration area assigned to it by the County	of Scl	hool Bus a	nd State Reimburs			ordance with Section ed and I certify that the		
Signature - Chair, County Transports	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	Due Dates:	· ·	anspo	ortees of another legal o		y may ut nty Supt		vices. To OPI		Rate Per Mile
	All Routes				ober		•	October 15		\$1.57
County Name				County Number		District	Name			Legal Entity Number
Gallatin				16		Belgra	ade Public	c Schools		0368 0369
Route #	I	Length of R	oute (miles per day)		Type of		□ Bus Route Mi	•	Rated Capacity
20 B	4	43			□ Non Bus Mileage Bus Route Mileage 71					71
Vehicle I.D. #	'	Licens	e #		_	District	Owned		District Owr	ned
3764		6158					ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement D	istribution- Ente	er the legal e	entity					irsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity		atcr	n budget Legal E			Legal Enti	ty
0368			03	369						
% 82.00	ı	%	18.0	00		%			%	
PASSENGER INF		70	10.			70			70	
Number of Presch riding this route	ool/Kindergarte	n pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	i	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a				b		c
Regular (include elig	ible Preschool/Kin	ndergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC										
Additional Wheelcha										
Non-WC IEP Lists Tr	rans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pro										
Nonpublic School Ri		iten nuers)								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.							A. Superintendent as are			
We understand the this bus route.	We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.									
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in										
	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							mmillee.			
This Application for				mmittee Approval as I State Reimbursement						CA. s within the transportation
area assigned to it	t by the County	Transportat	tion C					•		· .
oignature - Chair, Co	ounty transportation	on Committee	e						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

oopy concor block

This form is required in accordar receives state reimbursement en					one form for ea	ach bus route that
Due Dates All Routes			County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District	Name		Legal Entity Number
Gallatin		16		ade Public Schools		0368 0369
Route #	Length of Ro	ute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
10	43		Bus R	toute Mileage		71
Vehicle I.D. # 3765	License 574	#		ct - If so, Name of Owner	District Own	ed
Reimbursement Distribution- En		ntity number and percentage		cted rate per mile	aid to each dis	trict_Note: Percentages
Legal Entity	Legal E	must n	natch budget Legal E	!	Legal Entit	
0368	Legal	inuty	Legal E	nuty	Legal Ellil	y
% 82.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/k	Kindergarten	Nomber		HOMBER		u · s
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts shounderstand route changes of accordance with 20-10-132, MCA.	We further certify us and bus route meets the minimulansed, qualified a iciting or causing the laws, rules or s district lines an hall be attached to	that this bus transports pupils by the State Superintendent; turn standards as established bund approved driver to operate others to solicit students from regulations governing school d transports students from outs of the county superintendent's of	eligible for school make such ry the Board of such vehicle a other transportransportation side the districtopy of this do	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwourent.	y 20-10-101, MC, ent and County S Highway Patrol a nolding of state an reen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r bus operates on the route as ap	0			•	,	9
Signature - Chair, Board of Trustees		Main are nansportation st	o. vioc alca a	congrict by the county that	Date	
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursemen		accordance with Section aviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reinbursement even though transportation. An accordance regard the services. Rate Per Mile Dub Parts: To County Supt To OPI October 15 31.57 County Name County Number Debrict Name Logal Entity Number Gallatin 16 Belgrade Public Schools 3368 0369 Route # State									•	
Gallatin 16 Belgrade Public Schools 0368 0369 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Type of Service Rate Capacity Rate Capacity Type of Service Rate Capacity Rate Capacity	receives state reimburse	ment even the Dates:		sportees of another le	egal entit To Cou	y may ut nty Supt	ilize the ser	vices. To OPI		Rate Per Mile
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Route Mileage Route Mil	County Name			County Number		District	Name			Legal Entity Number
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Route Mileage Route Mil	Gallatin			16		Belara	de Public	c Schools		0368 0369
18 34 Bus Route Mileage	Route #	Len	gth of Rou	te (miles per day)			Service	□ Bus Route Mil		Rated Capacity
Vertice I.D. # Cleanse # District Owned District Owned Contracted rate per mile	18	34				Bus R			age	71
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #		License 7	#		District	Owned		District Own	ied
Legal Entity 0368 Legal Entity 0368 We as 2.00 We so with the transportation area assigned and approved by the State Superintendent; and to provide a licensed, qualified and approved by the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-101, MCA. We agree to supervision of this bus and lost route by the State Superintendent; to make such reports to the State Superintendent and county Superintendent as are required to provide a licensed, qualified and approved driver to operative such vehicle as required by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and county Superintendent and county Superintendent and county Superintendent and approved of the laws, vales or regulations governing such vehicles and within the transportation area assigned and approved by the State Superintendent; and to provide a licensed, qualified and approved driver to operative such vehicle as required by 20-10-103, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and County Superintendent and County Superintendent and County Superintendent and to provide a licensed, qualified and approved driver to operative such vehicle as required by 20-10-103, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Supe	2475		602							
Legal Entity 0369 We 18.00 We 82.00 We 82.00 We 18.00 We 82.00 We 18.00 Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) NUMBER	Reimbursement Distribu	tion- Enter th	e legal en					irsement to be pa	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades S-12) ELIGIBLE RIDERS (Grades PK-8) (Grades S-12) ELIGIBLE RIDERS (Grades S-12) ELIGIBLE RIDERS (Grades S-12) SELIGIBLE RIDERS (Grades S-12) SELIGIBL			Legal Er	ntity					Legal Entir	ty
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades S-12) ELIGIBLE RIDERS (Grades PK-8) (Grades S-12) ELIGIBLE RIDERS (Grades S-12) ELIGIBLE RIDERS (Grades S-12) SELIGIBLE RIDERS (Grades S-12) SELIGIBL	% 18.00		%	82.00		%			%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Iding this route a b D C C A + b Regular (include eligible Preschool/Kindergarten Iders) 18 Wenelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 rilles OR nonresident and no attendance agreement) Inocide Ligible Preschool/Kindergarten riders) Norpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the Courty Transportation committee. We further certify that this bus transports pupils eligible for school transportation as defined by 2-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; or make such responsite to the States Superintendent and country Superintendent as are resulted as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solidist students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus or other country superintendent; clies and transports attoned to the county superintendent of the County Transportation Committee in accordance with Section 20-10-128, MCA. We also agree to refrain from soliciting or causing others to solidist students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus one of the country superintendent's copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this b	_	ATION								
Regular (include eligible Preschool/Kindergarten riders) Ist Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (neligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a velicle which meest the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refain from soliciting or causing others to solicit students from other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree to commend the county of the school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation cannot be subjected to it by the County Transportation Committee.	Number of Preschool/Kir riding this route	ndergarten pu	upils			3	HI			_
Regular (include eligible Preschool/Kindergarten riders) Ist Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent of the Superintendent and County Superintendent as are required: to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school b					R					
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Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.										
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.								,		
	This Application for Regi	stration of So	chool Bus	and State Reimburser						
				i Committee.					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District	Name		Legal Entity Number
Gallatin		16		ade Public Schools		0368 0369
Route #	Length of Rout	e (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity
11	28		Bus R	oute Mileage		71
Vehicle I.D. # 4666	License #			Owned [ct - If so, Name of Owner cted rate per mile	District Own	ed
Reimbursement Distribution- En	iter the legal enti		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0368	Legal En		Legal E		Legal Entit	у
% 82.00	%		%		%	
% 82.00 PASSENGER INFORMATION	70		70		70	•
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/k	Kindergarten	NONBER		NONBER		a · b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soll We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We further certify the sand bus route be meets the minimun ensed, qualified andiciting or causing of the laws, rules or restrict lines and hall be attached to the sand beautiful to the sand hall be attached to the sand	nat this bus transports pupils by the State Superintendent; to not standards as established by disproved driver to operate others to solicit students from egulations governing school that transports students from outs the county superintendent's c	eligible for schoon make such ry the Board of such vehicle a other transportation side the districtopy of this do	tool transportation as defined by eports to the State Superintend. Public Education, the Montana s required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument.	v 20-10-101, MC, ent and County S Highway Patrol a olding of state an een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rous operates on the route as ap	0			•	,	9
Signature - Chair, Board of Trustees		mumi uie iiansportation se	orvice area a	saighed by the County ITah	Date	mmttee.
County 1 This Application for Registration area assigned to it by the Count	of School Bus a	ind State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex						one form for ea	ach bus route that
Due Dates All Routes				Sounty Suprobber 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Gallatin			16		ade Public Schools		0368 0369
Route #	Length of I	Route (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
1	55	4		_ '	Route Mileage	Ū	71
Vehicle I.D. # 3896	Licen 82	se#			t Owned L ct - If so, Name of Owner cted rate per mile	District Own	ed
Reimbursement Distribution- En	ter the legal	entity				aid to each dis	trict. Note: Percentages
Legal Entity 0368	Lega	l Entity 03		atch budget Legal E		Legal Entit	у
% 82.00	%	18.	00	%		%	
PASSENGER INFORMATION	70	10.				70	
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	Kindergarten		NOMBER		HOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from soli. We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We further cer us and bus roomeets the min ensed, qualified citing or causi the laws, rules is district lines all be attache	tify that ute by the imum so d and a and and trained to the	this bus transports pupils e ne State Superintendent; to tandards as established by proved driver to operate s rs to solicit students from culations governing school transports students from outs county superintendent's county superintendent's county	eligible for school make such root the Board of such vehicle a other transportation did the distriction of this door this door this door this door the body of this door the distriction of this door this door the distriction of this door the distriction of this door the distriction of th	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoment.	y 20-10-101, MC, ent and County S Highway Patrol a colding of state and reen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r	0				•	,	•
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							
County T This Application for Registration area assigned to it by the Count	of School B	us and	State Reimbursement		accordance with Section as eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require receives state reim								one form for e	ach bus route that
receives state reim	bursement even t	ilougii ti	ansportees of and	trier legal e	inity may u	IIIZE LITE SELV	1063.		Rate Per Mile
	Due Dates:				ounty Sup	t	To OPI		04.57
	All Routes			Octo	ber 1		October 15		\$1.57
County Name			County Nu	mber	District	Name			Legal Entity Number
Gallatin			16		Belara	ade Public	Schools		0368 0369
Route #	Ler	ngth of R	oute (miles per da	y)		Service [Bus Route Mi		Rated Capacity
6	60				D D		Non Bus Mile	age	71
6 Vehicle I.D. #	60	Licens	o #		I '	oute Milea		Sintript Over	
venicie i.b. #		Licens	C 11		☐ District		me of Owner	District Own	eu
2825		683				cted rate per			
Reimbursement Dis	stribution- Enter th	he legal e	entity number and				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity	must m	atch budget Legal E			Legal Entit	av .
0369		Logai	0368		Logai L	inity		Logar Litti	y
% 18.00		%	82.00		%			%	
PASSENGER INFO	ORMATION								
Number of Presche	ol/Kindorgarton n	vunile		TARY RIDE des PK-8)	RS	HIG	Grades 9 12		TOTAL ELIGIBLE RIDERS
Number of Preschoriding this route		oupiis n	(Спа	ues FN-o)			(Grades 9-12)	ELIGIBLE RIDERS
			NI	a JMBER			b NUMBER		c a + b
Regular (include eligit	ole Preschool/Kinder	rgarten							
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
2nd wheelchair (wc)									
Additional Wheelchair	s (WC)								
Non-WC IEP Lists Tra	ans as Related Servi	ice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public School	ol Riders (i.e., under	r 3							
miles OR nonresident agreement)	and no attendance								
(Include ineligible Pre		riders)							
Nonpublic School Rid	ers (ineligible)								
TOTAL RIDERS									
We hereby certify t	that this bus will one	rate entire	ly on the route estal	olished by the	e Board of Tri	ıstees and witl	hin the transportat	ion area assign	ed and approved by the
County Transportation	n Committee. We fu	rther certi	fy that this bus trans	ports pupils e	eligible for sch	ool transporta	ition as defined by	20-10-101, MC	A.
required; to provide a									Superintendent as are and the State
Superintendent; and to	o provide a licensed efrain from soliciting						20-10-103, MCA.		
We understand that							nt cause for withh	olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by									
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10	accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								mmucc.	
Signature Singuistic S									
			n Committee Ap						
This Application for area assigned to it				bursement	has been re	eviewed and	I certify that this	bus operates	within the transportation
Signature - Chair, Cou	<u> </u>							Date	
								1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
Due Dates All Routes				To Co Octob	ounty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	er	District	Name		Legal Entity Number	
Gallatin			16			ade Public Schools		0368 0369	
Route #	Leng	th of Ro	ute (miles per day)		Type of	f Service Bus Route Mi Non Bus Mile		Rated Capacity	
17	34				Bus R	Route Mileage	71		
Vehicle I.D. #		License	#	 □ District Owned □ Contract - If so, Name of Owner 					
8763		797				cted rate per mile			
Reimbursement Distribution- En	iter the	e legal er			of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0368		Legal E			Legal E		Legal Entit	у	
0300			0309						
% 82.00 % 18.00					%		%		
PASSENGER INFORMATION				DV DIDEE	200	LIICH COHOOL DI	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTAF (Grades		1 5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUME			b NUMBER		c a+b	
Regular (include eligible Preschool/k riders)	Kinderga	arten	NOWL	JLIN		NOMBER		a i b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	jai leii ii	ideis)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
Signature - Chair, Board of Trustees							Date		
County 1 This Application for Registration area assigned to it by the Count	of Sch	hool Bus	and State Reimburg			accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Co	ommittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

			20, Chapter 10, Part [·] nsportees of another					one form for e	ach bus route that
receives state reims		lougii tiu	noportees of unotifier	Ü	, ,				Rate Per Mile
	Due Dates: All Routes			To Co	ounty Supt		To OPI October 15		\$1.57
	7 III T Coulco			00101	701 1		Cotober 10		ψ1.01
County Name			County Numbe	r	District	Name			Legal Entity Number
Gallatin			16		Belgra	ade Public	Schools		0368 0369
Route #	Leng	gth of Ro	ute (miles per day)				☐ Bus Route Mil	eage	Rated Capacity
5 A	54						☐ Non Bus Milea	age	71
Vehicle I.D. #	54	License	. #			oute Milea		Sinteriot Over	<u> </u>
Verlicie I.D. #		Licerise	π		□ District□ Contra		me of Owner	District Own	eu
2826		6178				cted rate per			
Reimbursement Dist	tribution- Enter the	e legal ei					rsement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal E		must ma	tch budget Legal E			Legal Entit	V
0368		Logar	0369		Logar	inacy		Logar Littl	y
% 82.00		%	18.00		%			%	
PASSENGER INFO	RMATION								
Number of Preschool	ol/Kindergarten nu	ınils	ELEMENTAR (Grades		RS	HIG	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route	7/7 tindergarten pa	apiio	(Grades	11(0)			(Grades o 12	,	LEIGIBEE RIBERO
		-	а				b		C
			NUMB	ER			NUMBER		a + b
Regular (include eligible riders)	e Preschool/Kinderg	garten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs	(WC)								
Non-WC IEP Lists Trar	ns as Related Servic	e							
TOTAL ELIGIBLE F	RIDERS								
Ineligible Public School	Riders (i.e., under 3	3							
miles OR nonresident a agreement)	and no attendance								
(Include ineligible Prese		riders)							
Nonpublic School Ride	rs (ineligible)								
TOTAL RIDERS									
We hereby certify th	at this hus will oper	ate entirel	y on the route establishe	ed by the	Board of Tri	I Istees and with	hin the transportat	ion area assign	ed and approved by the
County Transportation	Committee. We furt	ther certify	that this bus transports	pupils eli	igible for sch	ool transporta	ition as defined by	20-10-101, MC	A.
			by the State Superinter um standards as establi						
Superintendent; and to	provide a licensed,	qualified a	and approved driver to o	perate su	ich vehicle a	s required by			
			others to solicit student r regulations governing s				nt cause for withh	olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by									
the school boards of bo	the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA.									
									edge and belief, and the
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date									
Orginature - Orient, Board of Trustees Date									
			n Committee Approv						
This Application for larea assigned to it be				ement h	as been re	viewed and	I certify that this	bus operates	within the transportation
Signature - Chair, Cour								Date	
								1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accoreceives state reimbursemen			· · ·	,		•		
Due D a All Rou				To Co Octob	ounty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Numbe	er	District	Name		Legal Entity Number
Gallatin			16			ade Public Schools		0368 0369
Route #	Len	gth of Ro	ute (miles per day)		Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity
14 Vehicle I.D. #	51	Linnan	-#		_	toute Mileage	ŭ	71
9253		License 6282	#			Owned L ct - If so, Name of Owner cted rate per mile	District Own	ed
Reimbursement Distribution-	Enter th	e legal er			of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0368		Legal E		must ma	tch budget Legal E		Legal Entity	у
% 82.00		%	18.00		%		%	
PASSENGER INFORMATION	N	,,,						
Number of Preschool/Kinder riding this route	garten pı	upils	ELEMENTAR (Grades		RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUME			b NUMBER		c a+b
Regular (include eligible Preschoriders)	ool/Kinder	garten	NOWE	<u> </u>		HOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Rela	ted Servio	се						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i miles OR nonresident and no att agreement)	endance							
(Include ineligible Preschool/Kind Nonpublic School Riders (ineligit		nders)						
TOTAL RIDERS								
County Transportation Committe We agree to supervision of th required; to provide a vehicle wh Superintendent; and to provide a We also agree to refrain from We understand that violations this bus route. We agree that if this route cro the school boards of both district	e. We fur is bus and ich meets i licensed, soliciting s of the lav asses distr s shall be s occurring	ther certify I bus route the minimu qualified a or causing vs, rules or ict lines an attached to	that this bus transports by the State Superinte um standards as establ and approved driver to conters to solicit studen regulations governing d transports students fro the county superinten	s pupils eli indent; to r lished by t operate su ts from oth school tra rom outsid ident's cop	gible for sch make such r he Board of ich vehicle a ner transport nsportation e the distric- by of this doc	eports to the State Superintender Public Education, the Montana is required by 20-10-103, MCA tation areas. will be sufficient cause for withhat, a copy of the agreement between	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
This Application for Registra	tion of So	chool Bus	and State Reimburs			accordance with Section 2 eviewed and I certify that this		
area assigned to it by the Co Signature - Chair, County Transp			on Committee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e									one form for e	ach bus route that
Due Date All Routes					o Cou octobe	nty Supt		o OPI October 15		Rate Per Mile \$1.57
County Name			(County Number		District	Name			Legal Entity Number
Gallatin			1	16		Belgra	de Public S			0368 0369
Route #	Leng	th of Ro	oute (m	iles per day)		Type of		Bus Route Mil		Rated Capacity
9	51				□ Non Bus Mileage Bus Route Mileage					71
Vehicle I.D. #		License	e #		□ District Owned District Owned					
2828		6144					cted rate per r			
Reimbursement Distribution- En	nter the	e legal e	ntity nu			f state/co h budget		ement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal E			linal	Legal E			Legal Entit	у
0368			0369	9						
% 82.00	% 82.00 % 18.00)		%			%		
PASSENGER INFORMATION ELEMENTAR			EL EMENTA DV DI	IDED	`	LIICI	LCCLICOL DI	DEDC	TOTAL	
Number of Preschool/Kindergal riding this route	rten pu	pils		(Grades PK-8		5	HIGH	l SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	a NUMB		a NUMBER				b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)			NOMBER				NOMBLIX		a · b	
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten ri									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for bus operates on the route as application for the second s										
Signature - Chair, Board of Trustees		,		F			<u> </u>		Date	
County This Application for Registration area assigned to it by the Coun	n of Scl	hool Bus	s and S							
Signature - Chair, County Transport	-	_							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that		
Due Dates All Routes				To Co Octob	ounty Supt per 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Numb	er	District	Name		Legal Entity Number		
Gallatin			16			ade Public Schools		0368 0369		
Route #	Leng	th of Ro	ute (miles per day)		Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity		
12	52				Bus R	age	71			
Vehicle I.D. #		License	#		□ District Owned □ District Owned					
2474		455		□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- En	iter the	e legal er	ntity number and pe		of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity 0368		Legal E	Intity 0369		Legal E		Legal Entit	ty		
					_					
% 82.00		%	18.00		%		%			
PASSENGER INFORMATION ELEMENTAR			DV DIDEI	20	HIGH COHOOL D	DEDC	TOTAL			
Number of Preschool/Kindergar riding this route	ten pu	pils	(Grades		1 5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
a NUMB				b NUMBER		c a+b				
Regular (include eligible Preschool/Kindergarten			DLK		NOMBER		аты			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ri	iders)								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
County 1 This Application for Registration area assigned to it by the Count	of Scl	hool Bus	and State Reimbur			accordance with Section as eviewed and I certify that this				
Signature - Chair, County Transporta	ation Co	ommittee					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accorda receives state reimbursement e Due Dates All Routes	ven the			legal enti	ity may utilize ınty Supt	the services.		ne iorni ior e	Rate Per Mile \$1.57
County Name			County Numbe	er	District Nar	ne			Legal Entity Number
Gallatin			16		Belarade	Public Sch	nools		0368 0369
Route #	Leng	th of Rout	e (miles per day)		Type of Se	rvice 🗆 Bus	s Route Mile		Rated Capacity
5	52				Bus Rou	□ Noi te Mileage	n Bus Milea	ge	71
Vehicle I.D. #		License #		□ District Owned District Owned					
2826		6178				If so, Name of rate per mile			
Reimbursement Distribution- En	iter the	e legal enti			f state/county			id to each dis	strict. Note: Percentages
Legal Entity		Legal Ent		must matc	ch budget! Legal Entity	<i>I</i>		Legal Enti	ty
0368			0369						
% 82.00			8.00		%			%	
PASSENGER INFORMATION			EL EMENTA D	V DIDED	0	HIOLLO		NEDO.	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTAR (Grades		5		CHOOL RIE rades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMB	BER		1	b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)						<u> </u>			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap Signature - Chair, Board of Trustees	prove								
Orginature - Orian, Board or Trustees								Date	
County 1 This Application for Registration area assigned to it by the Count	of Scl	hool Bus a							
Signature - Chair, County Transporta	ation Co	ommittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Dates All Routes				To Cou	unty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Gallatin			16			ade Public Schools		0368 0369	
Route #	Leng	th of Rou	te (miles per day)		Type of	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
2	48				Bus R	Route Mileage	age	71	
Vehicle I.D. #		License 7	#	□ District Owned District Owned					
9254		6470				ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	iter the	e legal en			of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0369		Legal Er			Legal E		Legal Entit	у	
							_		
% 18.00		%	82.00		%		%		
PASSENGER INFORMATION			ELEMENTARY	, DIDED	<u> </u>	LIICH SCHOOL DI	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	pils	(Grades P		5	HIGH SCHOOL RI (Grades 9-12		ELIGIBLE RIDERS	
a NUMB		:D		b NUMBER		c a + b			
Regular (include eligible Preschool/Kindergarten riders)			-11		NOMBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ri	iders)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
						accordance with Section 2			
This Application for Registration area assigned to it by the Count	ty Tran	nsportatio		ement ha	s been re	eviewed and I certify that this	s bus operates	within the transportation	
Signature - Chair, County Transport	ation Co	ommittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							e one form for	each bus route that	
Due Dates All Routes				Cou ctobe	nty Supt	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Gallatin			16			ade Public Schools		0368 0369	
Route #	Leng	th of Route	(miles per day)		Type of	f Service □ Bus Route □ Non Bus M	-	Rated Capacity	
19	50				Bus R	toute Mileage	licage	71	
Vehicle I.D. #		License #		□ District Owned □ Contract - If so, Name of Owner					
2827		6505				cted rate per mile			
Reimbursement Distribution- Er	nter the	legal entity			f state/co h budget		paid to each d	listrict. Note: Percentages	
Legal Entity 0368		Legal Enti			Legal E		Legal En	tity	
0300									
% 82.00		%			%		%		
PASSENGER INFORMATION			ELEMENTARY RII	DEDG		HICH SCHOOL	DIDEDE	TOTAL	
Number of Preschool/Kindergar riding this route	ten pur	pils	(Grades PK-8		5	HIGH SCHOOL (Grades 9-		ELIGIBLE RIDERS	
	a NUMB		a NUMBER			b NUMBEI	• • • • • • • • • • • • • • • • • • •	c a+b	
Regular (include eligible Preschool/Kindergarten iders)		NOMBER			NONE	`	a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service)							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)		uers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees		ı by and wi	unin the transportation	servio	ce area a	issigned by the County Tr	Date Date	ommittee.	
County 1 This Application for Registration area assigned to it by the Count	of Sch	nool Bus ar	nd State Reimburseme			accordance with Section eviewed and I certify that the section of			
Signature - Chair, County Transporta	ation Co	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				_				
This form is required in accordance receives state reimbursement of the Due Date All Routes	even thou s:		portees of another legal e		ilize the services.		ach bus route that Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Gallatin			16	Belara	ade Public Schools		0368 0369	
Route #	Length	h of Route	e (miles per day)		Service Bus Route M		Rated Capacity	
8	62			Bus R	□ Non Bus Mile coute Mileage	age	71	
Vehicle I.D. #	License #			□ District	•	District Own		
0428 833					ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- E	nter the	legal entit				aid to each dis	trict. Note: Percentages	
Legal Entity	I	Legal Enti		atch budget Legal E		Legal Entit	у	
0369			0368					
% 18.00 %		% 82	2.00	%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
	a				р		С	
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no atten-								
agreement) (Include ineligible Preschool/Kinder	garten rid	ers)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustee	Signature - Chair, Board of Trustees Date							
County This Application for Registratio area assigned to it by the Cour	n of Scho	ool Bus ar	nd State Reimbursement		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transpor						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								ne form for e	
Due Dates All Routes				To Cou Octobe	nty Supt		OPI tober 15		Rate Per Mile \$0.95
County Name			County Number		District	Name			Legal Entity Number
Gallatin			16			Yellowstone I			0374
Route #	Lengt	th of Rout	te (miles per day)		Type of	Service □ Bu	us Route Mileage on Bus Mileage		Rated Capacity
West	32				Bus R	oute Mileage	!	Ū	35
Vehicle I.D. #		License #	·	 □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc 					
7292		5914			Contra	cted rate per mile	e		<u> </u>
Reimbursement Distribution- Enter the legal entity number and percommunication metabolic and percommunication and percommunication and percommunication are set of the percommunication and percommunication and percommunication are set of the percommunication and percommunication and percommunication are set of the pe					f state/co h budget		nent to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0374		Legal En			Legal E			Legal Entit	ty
% 100.00				%			%		
PASSENGER INFORMATION			ELEMENTARY F	RIDERS	<u> </u>	HIGH S	CHOOL RIE	DERS	TOTAL
Number of Preschool/Kindergard	ten pup	pils	(Grades PK			(G	Grades 9-12)		ELIGIBLE RIDERS
namy this route							b		_
Design for the Property of the	a NUMBER		₹			NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC) Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Sarvica								
TOTAL ELIGIBLE RIDERS	OCI VICE								
Ineligible Public School Riders (i.e., t miles OR nonresident and no attenda agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rid	ders)							
TOTAL RIDERS									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in							A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by		
accordance with 20-10-132, MCA. I certify that this application for r	egistra	tion of sc	hool bus and state rei	mburse	ment is t	rue and complete	e to the best	of my knowle	edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees		by and v	vithin the transportatio	n servi	ce area a	ssigned by the C	County Trans	portation Co	mmittee.
County T This Application for Registration area assigned to it by the Count	of Sch	nool Bus a							
Signature - Chair, County Transporta								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex			, ,			lete one form for	
Due Dates All Routes	5 :			ounty Supt ber 1	To OPI October 1	5	Rate Per Mile \$1.36
County Name		County	Number	District	Name		Legal Entity Number
Gallatin		16			Yellowstone K-12		0374
Route #	Length of R	oute (miles pe	r day)	Type of	Service ☐ Bus Rou ☐ Non Bus	•	Rated Capacity
North/HB Vehicle I.D. #	102 Licens			Bus Route Mileage 66			
7306	5915			 □ District Owned □ Contract - If so, Name of Owner Karst Stage, Inc □ Contracted rate per mile 			
Reimbursement Distribution- Enter the legal entity number and per				e of state/co	unty reimbursement to	be paid to each d	listrict. Note: Percentages
Legal Entity 0374	Legal	Entity	must ma	atch budget Legal E		Legal En	tity
% 100.00 PASSENGER INFORMATION	%			%		%	
Number of Preschool/Kindergard	ten pupils		ENTARY RIDE Grades PK-8)	RS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS
			а		b	NED.	С
Regular (include eligible Preschool/Kindergarten riders)			NUMBER		NUME	BEK	a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rubus operates on the route as ap						Transportation Co	
Signature - Chair, Board of Trustees						Date	
This Application for Registration area assigned to it by the Count	of School Bu y Transporta	is and State R tion Committee	eimbursement		accordance with Sectiviewed and I certify that		
Signature - Chair, County Transporta	ation Committe	e				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 2	20, Chapter 10, Part	1, MCA.	School dis	strict official	must complete of	ne form for e	ach bus route that	
receives state reimbursement e	ven though tra	nsportees of another	r legal er	ntity may ut	ilize the ser	vices.		Rate Per Mile	
Due Dates All Routes			To Co	ounty Supt	t	To OPI October 15		\$1.57	
All Notics			Octor)CI I		OCIODEI 10		ψ1.07	
County Name		County Number	er	District	Name			Legal Entity Number	
Gallatin		16			Elementa			0375	
Route #	Length of Ro	oute (miles per day)		Type of		□ Bus Route Mile□ Non Bus Mile	•	Rated Capacity	
1	58			Bus R	oute Mile	ige	77		
Vehicle I.D. #	License	e #		□ District Owned □ District Owned					
7715	935			□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- Er	nter the legal e					rsement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		must ma	tch budget Legal E			Legal Entit	ty	
0375	0375								
% 100.00			%			%			
PASSENGER INFORMATION				70			70	•	
Number of Preschool/Kindergar	ten pupils	ELEMENTAR (Grades		RS	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route		(3.4400				(014400 0 12)	'	ELIOIBEE KIBEKO	
		а				b		С	
Regular (include eligible Preschool/Kindergarten			BER			NUMBER		a + b	
riders) 1st Wheelchair (WC)	_								
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS	0011100								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement) (Include ineligible Preschool/Kinderg	garten riders)								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus w	ill operate entirel	y on the route establish	ed by the	Board of Tru	ıstees and wit	thin the transportati	on area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this b									
required; to provide a vehicle which Superintendent; and to provide a lice							Highway Patrol	and the State	
We also agree to refrain from sol We understand that violations of						ent cause for withho	olding of state a	nd county reimbursement for	
this bus route. We agree that if this route crosse	es district lines ar	nd transports students fr	rom outsic	de the distric	t, a copy of th	e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts shade we understand route changes of						and approval of the	County Transpo	ortation Committee in	
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap	ous operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	Signature - Chair, Board of Trustees Date								
County 7	Fransportation	n Committee Appro	val as re	equired in	accordance	e with Section 2	0-10-132, MC	CA.	
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimburg							
Signature - Chair, County Transport							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex								
Due Dates All Routes	: :		County Supt ober 1	To OPI October 15		Rate Per Mile \$1.80		
County Name		County Number	District	Name		Legal Entity Number		
Gallatin		16		erdam Elementary		0376		
Route #	Length of Rout	e (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity		
4	16.2		Bus R	oute Mileage		84		
Vehicle I.D. #	6020			Owned Ct - If so, Name of Owner Ct ct of rate per mile	Contractor C Manhattan (
Reimbursement Distribution- En	ter the legal enti		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0376 Legal Entity			natch budget Legal E		Legal Entit	у		
% 100.00 %			%		%			
PASSENGER INFORMATION	,~							
Number of Preschool/Kindergart riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
a NUMBI				b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	Cindergarten	NOWBER		NOMBER		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus wil								
	us and bus route by meets the minimun ensed, qualified and citing or causing of	y the State Superintendent; to n standards as established by d approved driver to operate thers to solicit students from	o make such r y the Board of such vehicle a other transpor	eports to the State Superintend Public Education, the Montana s required by 20-10-103, MCA. tation areas.	ent and County S Highway Patrol a	Superintendent as are and the State		
We agree that if this route crosses the school boards of both districts sh	We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132. MCA.							
I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees	<u> </u>				Date			
County T This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date	_		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	A. School dis	strict official must complete	one form for ea	ach bus route that
	_	_				Rate Per Mile
Due Dates All Routes			County Supt tober 1	t To OPI October 15	:	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Gallatin		16	Amste	erdam Elementary		0376
Route #	Length of R	oute (miles per day)		f Service Bus Route Mi		Rated Capacity
1	36.2		Bus R	□ Non Bus Mile Route Mileage	age	71
Vehicle I.D. #	Licens	se #	□ District	t Owned (Contractor C	
8579	5997			ct - If so, Name of Owner I	Manhattan (Christian School
Reimbursement Distribution- Er	iter the legal		ge of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entity	у
0376						
% 100.00 %			%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	•	
		a		b		C .
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd						
Nonpublic School Riders (ineligible)	garteri riders)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entire	aly on the route established by t	he Board of Tru	ustees and within the transports	tion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certi us and bus rou meets the minii	fy that this bus transports pupils te by the State Superintendent; mum standards as established b	eligible for sch to make such r by the Board of	nool transportation as defined by reports to the State Superintend Public Education, the Montana	/ 20-10-101, MC/ ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causin	ng others to solicit students from	other transpor	tation areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse	s district lines a	and transports students from out	tside the distric	t, a copy of the agreement betw	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.					County Transpo	ortation Committee in
I certify that this application for rous operates on the route as ap						
Signature - Chair, Board of Trustees				5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date	
					00 40 400 500	
This Application for Registration area assigned to it by the Count	of School Bu					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex							
Due Dates All Routes	:		County Supt ober 1	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number	District	Name		Legal Entity Number	
Gallatin		16		erdam Elementary		0376	
Route #	Length of Rou	ute (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity	
5	10		Bus R	oute Mileage		84	
Vehicle I.D. # 9990	License 5999	#		Owned Ct - If so, Name of Owner Ct ct of rate per mile	Contractor C Manhattan (
Reimbursement Distribution- En	ter the legal en		je of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0376 Legal Entity			natch budget Legal E		Legal Entit	у	
% 100.00 %			%		%		
PASSENGER INFORMATION	,,						
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
	a NUMBE			b NUMBER		C	
Regular (include eligible Preschool/K riders)	Lindergarten	NOWBER		NOMBER		a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
TOTAL RIDLERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates: All Routes				ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number District Name		Name		Legal Entity Number	
Gallatin			16		Amsterdam Elementary		0376	
Route # Length of F		of Route (miles per day)		Type of	Type of Service ☐ Bus Route Mi☐ Non Bus Mile		Rated Capacity	
2 17.6					Bus Route Mileage		71	
Vehicle I.D. # License #						Contractor Owned		
6147 5998			□ Contract - If so, Name of Owner Manhattan Christian Sch □ Contracted rate per mile					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!								
Legal Entity Legal 0376		egal Entity			Legal Entity		Legal Entity	
% 100.00 %		%	%			%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route		S	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			а		b NUMBER		C	
Regular (include eligible Preschool/Kindergarten		en	NUMBER		INUIVIDER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance								
agreement) (Include ineligible Preschool/Kindergarten riders)								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
Gignature - Oriali, Dualu di Tiustees						Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee								
						ĺ		